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*Affilia* 2007; 22: 23
DOI: 10.1177/0886109906295758

The online version of this article can be found at:
http://aff.sagepub.com/cgi/content/abstract/22/1/23
Mothering Under Difficult Circumstances

Challenges to Working With Battered Women

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This article explores challenges to understanding mothering under difficult and unusual circumstances—that is, in the context of a shelter for battered women and their children. Drawing on participant observation and interviews with staff at a local battered woman’s shelter, the authors suggest that mothering is largely invisible and subject to idealized constructions. When mothers are rendered visible in the shelter, they are observed through a lens of heightened sensitivity to abusive relations that are marked by unacceptable use of power and control. This lens is distorted in relation to mothering, and an understanding of the emotional complexities and challenges of everyday mothering is a prerequisite for practice with women with children. The article concludes with a discussion of implications for theory and practice that center on the concepts of power and maternal subjectivity in relation to battered women as mothers in shelters.

Keywords: domestic violence; feminism; mothering; shelters

In shelters for battered women, it is not uncommon for workers to identify a broad range of parenting problems exhibited by mothers and a range of psychosocial and behavioral problems exhibited by their children. Although some scholarly attention has been given to issues of mothering in the context of violence against women in intimate relationships, explicit attention to mothers’ subjectivity is sorely lacking in this field of study and practice (Davies & Krane, 2003; Krane & Davies, 2002). This dearth of attention is particularly problematic, given that approximately 40% of shelter residents are children accompanying their mothers to a safe refuge. Women’s and children’s advocates, clinicians, and researchers have articulated the high co-occurrence of domestic violence and child abuse (Hester, 1996; McGee, 1996). They have also identified a broad range of effects on children of abuses that are perpetrated against them in the context of domestic violence, as well as the effects of having been exposed to domestic violence and its aftermath (Fantuzzo & Mohr, 1999; Holden, Geffner, & Houriles, 1998; Hotton, 2003). Thus, children who live with battered women are no longer regarded as the “unintended” or “forgotten” victims of marital violence. In fact, shelters now explicitly address the needs of child residents, as evidenced by the provision of specialized services for children, such as counseling, child care, play therapy, and art therapy (Peled, 1997a, 1997b).

It is against this backdrop of the increasing recognition of the effects of violence on children that the question of how workers understand mothering in a shelter for battered women arises. This question builds on our earlier work that found that mothering was invisible in a shelter for battered women (Krane & Davies, 2002). Drawing on unobtrusive participant observation in a shelter for battered women, followed by in-depth semistructured interviews with the shelter’s staff, we propose that mothering is still largely invisible and...
subject to idealized constructions. When women, in their capacities as mothers, are rendered visible in a shelter, we contend their interactions with their children are understood through a lens of heightened sensitivity to abusive relationships that are marked by the unacceptable use of power and control. We suggest that this lens is distorted in relation to mothering and that an understanding of the emotional complexities and challenges of everyday mothering is a prerequisite for practice with women with children. In the context of difficult and unusual circumstances—that is, in a temporary residence for women who have experienced violence in their intimate relationships—an appreciation of mothers as subjects in their own right and the demands of “motherwork” is all the more important.

This article begins with a description of the setting for the study. We then offer a cursory examination of the context within which practice at feminist-informed battered women’s shelters takes place, highlighting the ever-present concern of unacceptable forms of power and control that so centrally preoccupy interventions with women in abusive relationships. The third section summarizes contemporary feminist theories on mothering that take issue with the invisibility of motherwork and the idealization of mothers as selfless nurturers. Here, we emphasize the emotional complexity of mothering that is challenging at the best of times, let alone in circumstances in which children may well need particularly patient and nurturing care. The fourth section describes the methodology. The fifth section draws on semistructured interviews with the staff and unobtrusive participant observation that have led us to think about the physical and emotional challenges that mothers face in the shelter. We conclude with a discussion of implications for theory and practice with women as mothers in shelter environments.

The Shelter: A Brief Description

The local shelter for battered women and their children at which the study was conducted is the sole occupant of an older three-story house in a residential neighborhood. It is in close proximity to public transportation, convenience stores, and schools. The house has been fully renovated, and the furnishings are well maintained. The ground floor has a spacious kitchen, dining room, and living room and offers easy access to an exterior balcony and outdoor play area for the children. Also found on the ground floor are the offices of the shelter staff, a bed for night workers, and a washroom. The residents’ bedrooms and full bathrooms are located on the second floor. The basement is used for child care services (interview rooms, a play area, and child-friendly washrooms), the follow-up program (in the den shared by residents and staff), laundry and storage, and Board of Directors’ meetings. As the research assistant noted on her first visit to the shelter, the “building did not look institutional... and yet it held the tension of having something missing that meant it was not a home.”

The shelter houses up to 15 women and children, with additional space for 3 babies in cribs. It employs 12 paid workers, including 5 primary workers, 2 child care workers, and 5 weekend and/or night workers, who together offer 24-hour coverage. The workers range in age from 24 to 60; 5 are married, 2 are divorced, and 5 are single; 4 do not have children, and the remaining 11 are mothers to 12 children ages 5 to 39 and grandmothers to 5 grandchildren. The staff prides itself on its cultural diversity with workers of Italian, Indian, Haitian, and Greek descent, who have the capacity to communicate in 12 languages. With the exception of a recently hired worker, these workers are experienced; 5 workers have 2 to 5 years of experience at the shelter, 5 have 7 to 10 years of experience, and 1 has more than 20 years of experience.
The shelter clientele is drawn through a central crisis line, referrals by the police and hospital staff, and women who have been residents in the past. Services are open to women age 18 and older and their children from newborns to age 16. During the period of this study, more than 100 women and more than 100 children received emergency shelter annually (according to the shelter’s annual reports). Invariably, the shelter is filled to capacity, and at least 50% of the residents at any given time are children. The shelter does not keep specific demographic data on residents with the exception of the number of beds filled and the length of stay. Shelter residents are a transient population; the director indicated that the typical clientele is an ethnically diverse population, with visible minority and immigrant women with children consistently overrepresented.

The shelter operates from a feminist perspective, as stated in its mission statement, volunteer handbook, and intervention model. Services include safe refuge for up to 2 months, information and referrals, counseling, follow up, and art therapy for child residents. The shelter workers also engage in public education on the issue of violence against girls, teenagers, and women.

A typical service plan consists of six phases. The first phase is telephone intake, in which the worker establishes the woman’s safety, eligibility for admission, or need for referral. Once a woman is accepted and arrives at the shelter, an in-house intake is done; forms are signed, house rules are explained, and expectations are detailed, and the woman is familiarized with the house (Phase 2). Among the forms that the woman signs are those that release the shelter from liability regarding children and a contract to “work on the violence.” Phase 3 is the period in which a woman, it is hoped, becomes comfortable with the home and routines (discussion groups, chores, and cooking collective meals). In this period, she also begins counseling sessions with her worker. As she resides in the shelter, Phase 4 is put into motion: applying for welfare, exploring employment, filing for a legal separation, looking for an apartment, and reporting the latest incident to the police, as well as watching videos on violence; partaking in group meetings on topics related to violence, autonomy, empowerment, and the like; and learning about the follow-up program for ex-residents. According to one worker, the shelter offers women an opportunity “to bond with other women in the home.... [some of whom] have gone through what she is going through. This sharing is a healing process.... Women who set up nonviolent homes have successfully gone through this fourth phase.” Phase 5 involves helping a woman settle into her independent life: setting up her apartment, keeping in touch with her worker for services that she may need, and getting involved in the follow-up program. The last phase is the “follow-up program” for women who have successfully separated from their abusers. During this phase, women return for shelter programs (i.e., music therapy, sexuality workshops, self-defense training, arts and crafts, and self-esteem sessions) and regularly receive a bag of groceries as participants in the program. With this backdrop in place, we now examine feminist intervention in the shelter setting, with a particular focus on the extent to which, and how, issues of mothering emerge.

Shelters and Violence

Shelters for Battered Women: A Central Frontline Resource

Violence against women in intimate relationships has been identified as a social issue of concern for decades. As early as 1878, Francis Power Cobbe, a British feminist activist,
proposed that the battering of women by men is rooted in women’s subordinate status and gender inequality (Thorne-Finch, 1992). A century later, feminist activists once again rallied against women’s subordination, and within the context of consciousness-raising groups in the 1970s, the social problem of violence against women was named. Much like Cobbe, contemporary women’s activists understood violence against women as an expression of unequal power relations, male prerogative, and female subordination (Thorne-Finch, 1992). They recognized that traditional medical, mental health, law enforcement, and judicial services were not effectively serving the needs of battered women, and successfully campaigned for state funding for specific services for abused women (Walker, 1990). In the past quarter century, more than 500 shelters for abused women in Canada have been established in major metropolitan centers, rural regions, and Aboriginal communities.

Briefly, shelters offer immediate but temporary safe housing and personal support in the forms of counseling, referrals to community resources, and follow-up for women as they negotiate their thoughts, feelings, and options regarding their experiences of abuse and intimate relationships. According to Statistics Canada (2002), the services of shelters or transition houses are used by approximately 11% of Canadian female victims of domestic violence. Tuttty and Rothery (2002, pp. 25-26) reported that “abused women rate shelters as their most effective source of help. ... The safety and support offered to residents have helped many to leave abusive relationships.” Although a significant percentage of women who leave abusive relationships do not use the services of a shelter, shelters are an invaluable resource to some women and their children. Shelters serve “those who need them most, providing ‘options for women who have few options’” (Weisz, Taggart, Mockler, & Streich, 1994, quoted in Tuttty & Rothery, 2002, p. 26).

Investigations of shelter residents have suggested that they are among the most brutalized and marginalized and in urgent need of assistance. Shelter residents are largely women who are mothers; they are poor and have little or no income. In Tutty and Rothery’s (2002) study, the majority had previously sought refuge at a shelter, with one third reporting a range of 3 to 12 previous admissions, and described serious and frequent episodes of violence that required medical attention at some point and included police involvement, as well as a high occurrence of child abuse perpetrated by their partners or husbands. Tutty and Rothery’s research exposed the vicious nature of living in an abusive relationship, from sexual assaults to beatings, death threats to stalking.

Understanding Violence: Abuses of Power and Control

Recognizing the features of the population of women who are most likely to come into contact with shelters, it is not surprising that shelter workers feel powerfully compelled to urge women to break free of the cycle of violence. They are uniquely poised to understand and appreciate the urgent risks and dangers in women’s lives that result from continued victimization by their partners and are deeply committed to participating in women’s journeys from victims to survivors (Davies & Krane, 2003). Workers in shelters are regularly reminded that acts of violence against women can have fatal consequences. It has been well documented (DeKeseredy & Hinch, 1991; Statistics Canada, 2002) that the majority of spousal homicides are committed by men against women, with young and separated women at the greatest risk. Although spousal homicide rates have been in decline in the past 15 years in Canada, the potentially fatal outcome of violence against women are well understood by shelter workers. During the summer of 2000, for example, The Toronto Star reported a murder-suicide of a family that triggered fear among women in shelters who
worried that their husbands could also kill them and their children (Montiero, 2000). While shelters in the region were flooded with crisis calls as a result of the murder-suicide, some women residents expressed a fear of retribution by their abusive mates and of remaining in the shelters. In the words of the executive director of the local shelter, “the slaying puts their reality in their face that they too could be killed” (Montiero, 2000, p. A16).

The considerable North American scholarship on violence against women in intimate relations has included competing and, at times, controversial conceptions of how and why violence against women emerges and is perpetuated in intimate relationships (Chornesky, 2000; Oxman-Martinez, Krane, & Corbin, 2002). “As early as 1979, Gelles and Straus identified fifteen different theoretical views that purport to explain domestic violence in general and why women remain in abusive relationships in particular” (Tutty & Goard, 2002, p. 17). Such theories account for a broad range of factors that reflect an emphasis on individual, social-psychological, or sociocultural understandings.

Violence against women consists of “any act of verbal or physical force, coercion or life-threatening deprivation . . . that causes physical or psychological harm, humiliation or arbitrary deprivation of liberty and that perpetuates [female] subordination” (Heise, Raikes, Watts, & Zwi, 1994, p. 1165). Subsumed under this definition are emotional, sexual, and economic abuses that arise through acts of commission or omission. Drawing on the groundbreaking work of the Duluth Domestic Abuse Intervention Program, Shepard (1991) elaborated on the ways in which women are harmed, humiliated, or deprived of liberty in the context of abusive intimate relationships. Shepard suggested that emotional abuse is the most common form and identified isolation, intimidation, and threats as purposeful means to control a woman and thus maintain her subordinate status. Although physical violence is the most recognizable, physical harm is rarely necessary to control one’s partner. It serves, however, to maintain and reinforce the woman’s subordination. Far from haphazard or accidental, these tactics of control are the intentional imposition of “one’s will upon another” (Shepard, 1991, p. 90).

Intentionally imposing oneself physically, emotionally, or sexually on another is an expression of an abuse of power with various consequences for the health and well-being of women. Although the effects of abuse are mediated by a host of factors, clusters of emotional and physical consequences of violence against women have been identified. Emotional responses include anger, shame, depression, fear, anxiety, isolation, memory loss, compromised self-esteem, damaged trust, self-blame, and suicidal or homicidal thoughts or actions. Physical responses include substance abuse, eating or sleeping disorders, health ailments, physical trauma, chronic pain, unwanted pregnancy, and sexually transmitted diseases (Krane, 1996; Thorne-Finch, 1992).

Shelter workers are faced daily with the effects of abuses of power and control on women and, more recently, their children. When a woman takes up residence at a shelter, one may imagine the urgency that workers feel to hear and validate her account of abuse and, for a few short weeks, to expose her to services that may promote violence-free living. As we noted earlier, workers in these settings are all too familiar with the potential fatal outcomes of abusive relationships and are thus acutely aware of the opportunity they have to make a difference in the life of a woman and her children. It is conceivable that shelter workers construct their mission in the context of life and death and hence that they are understandably intolerant of anything that is construed as potentially abusive or violent. Shelter workers are skilled at detecting and analyzing these tactics of control. Much of the therapeutic intervention at shelters is centered on raising women’s awareness of the range of tactics of control, the effects of control on women, and the cyclical nature of such abuse.
Shelters often pursue a violence-free climate in which respectful and healing relationships are promoted among residents, children, and the staff. Although a heightened sensitivity to the characteristics of abusive relationships rightfully informs work with women as “victims” in shelters, this sensitivity can create a distorted analysis of mother-child interactions. We now turn to feminist writings on the construction of motherhood to provide a useful framework for rethinking expectations of mothers in this context.

Understanding Mothering: Contemporary Feminist Theory

Feminist theorists have been concerned with disrupting dominant understandings of mothering for at least three decades (Glenn, 1994; Rich, 1976; Ruddick, 1989). These theorists have repeatedly attacked the idealized portrait of good mothers as intuitive nurturers, who are naturally equipped and always readily available to care for their children, no matter what the circumstances (Contratto, 1986). When mothering is seen only as a natural expression of caring and love, the actual labor involved and the necessary material and emotional resources to care for children remain invisible (Rosenberg, 1988). Thus, the normal everyday tasks of “motherwork” are apparent only by their absence. The message to mothers is that they ought to cope no matter what obstacles or barriers they face or experience. The powerful fantasy of the perfect mother has left little room for what Winnicott (1949, 1953) termed the ordinary “good enough” mother, who, although not perfect, usually manages to provide an acceptable level of caring for her children. After all, looking after children is hard work, emotionally taxing, and the everyday domestic reality is a far cry from any romanticized image of a calm and coping maternal figure. Yet, narrow cultural and class-specific representations of mothers persist, causing mothers who fail to live up to idealized expectations enormous guilt and possible censure. The mythical fantasy of harmony between mothers and their children means that mothers are rarely allowed to acknowledge their inability to cope or to express their negative emotions toward their children (Featherstone, 1999; Hays, 1996).

To remedy this silence, feminist analysts have encouraged an understanding of mothers as subjects in relationships with their children, emphasizing the emotional range and complexity of feelings that many mothers experience. Parker’s (1997) exploration of maternal subjectivity, including maternal ambivalence, expands our understanding of the repertoire of emotions that mothers may normally experience. The concept of ambivalence was central in the works of Klein (1940) and Winnicott (1953), who claimed that an infant’s experience of both love and hate for the mother was an important developmental stage. Although ambivalence may be considered healthy for children and normal in other relationships, it is construed as pathological if a mother expresses ambivalent feelings toward her child (Hays, 1996; Parker, 1997). In response, feminist psychoanalytic theorists have examined the issue of ambivalence from the mother’s point of view. Parker (1997, p. 17), for example, described maternal ambivalence as an emotional position constituting a “complex and contradictory state of mind, shared variously by all mothers, in which loving and hating feelings for children exist side by side.” Ambivalence is central to mother-child relationships, according to Parker, yet it is “curiously hard to believe in” (p. 17) and painful to experience. Parker underlined the developmental potential of these feelings for mothers and argued that, although these concurrent feelings of love and hate are difficult to acknowledge, such ambivalence can function as a source of creative insight when it is expressed and managed.

Parker (1997, p. 31) distinguished between manageable and unmanageable ambivalence: “When manageable, the pain, conflict and confusion of the coexistence of love and
hate actually motivate a mother to struggle to understand her own feelings and her child’s behavior.” To resolve the discomfort of ambivalence, a mother may be prompted to reflect productively on her relationship with her child and discover possibilities for change. Parker argued that healthy, manageable ambivalence is a normal phenomenon in mother-child relationships and, although difficult to experience, should be acknowledged and accepted by both mothers and others as necessary to the healthy development of maternal subjectivity. Thinking about ambivalence in this way requires a major shift in the dominant idealized construction of motherhood and an expansion of our understanding of the rich emotional terrain that is thought to characterize mother-child relationships.

However, it is the dark side of ambivalence—when hate is not mitigated by feelings of love—that haunts us. This “unmanageable ambivalence” may trigger intolerable levels of guilt and anxiety and can be a source of extreme distress for a mother, as well as a potential danger for her child. It is this phenomenon that rightly causes concern for workers who are in contact with these women. Ironically, the taboo against the expression of maternal ambivalence is one of the central factors that renders such ambivalence unmanageable for mothers. If ambivalent feelings can be tolerated by mothers (and workers), then their power and potential for harm may be diminished.

The conspiracy of silence around negative maternal feelings leaves mothers with no place to turn to diffuse or process their feelings of ambivalence and guilt. Instead, mothers who are in the grip of these turbulent emotions often feel as though they are unnatural. As Maynes and Best (1997, p. 126) put it, “it is the denial of the feelings of fury, boredom or even dislike towards children, all of which are part of motherhood, that makes the burden hard for women to bear, and can so often result in these negative feelings being expressed in secret and perverse ways.”

Parker (1997, p. 25) encouraged mothers to abandon impossible maternal ideals “which dangerously magnify both self-hate and child-hate.” To do so, an ability to recognize and acknowledge the everyday trials, troubles, and emotions of mothering and motherwork is essential. This study explored the implications of this framework for working with mothers in shelters. A brief review of our methodology is presented next.

**Method**

This article stems from our larger qualitative study, funded by the Social Sciences and Humanities Research Council of Canada from 2001 to 2004, which sought to identify feminist ideologies, discourses, and practices in a variety of organizations that respond to the needs of women in difficult transitions. We were particularly interested in understanding how contemporary feminist debates—in which assumptions of a shared oppression based on gender have been challenged by an insistence on the differences and diversity among women—emerge in frontline practice with women who are in difficulty. We documented how the staff and clients interpreted, shaped, or resisted organizational expressions of feminist principles. Operating from the multidisciplinary perspectives of social work, sociology, and education, we conducted four interrelated case studies of services for women in difficulty. The case studies included a shelter for women and their children who were seeking refuge from violence, a residence for single mothers who were pursuing secondary education, and two community services for pregnant teenagers and young mothers. These research sites were located in two metropolitan areas in Canada.

For the shelter for battered women and their children, we drew on field notes that were derived from unobtrusive participant observation and semistructured interviews with the
staff between 2002 and 2004. We also referred to the mission statement, volunteer handbook, and annual reports of the shelter.

Data from the participant observation were collected by a graduate research assistant, who was introduced as a research assistant during a staff meeting at the onset of the study and known to the residents as such. The research assistant was directed to observe a range of locations within the shelter, different activities, and various periods. The purpose was to establish the research assistant as a familiar presence in the shelter, so she could generate a detailed account of the residents’ and staff’s daily routines and activities. Simply put, the research assistant was asked to develop an understanding of what it is like to live and work in this shelter. To do so, she blended in with the staff and residents in common areas of the shelter (living room, kitchen, balcony, staff office), quietly observing or interacting with them in a relaxed and informal manner (chatting, sharing a cigarette on the balcony, taking part in communal meals). She attended follow-up sessions for former residents and holiday parties. Subsequently, she was permitted to attend, as an observer, staff meetings, clinical consultation sessions, board meetings, and the annual general meeting. During the first year, participant observation took place at purposefully varying times of day and night, including occasional overnight stays.

During each visit to the shelter, the research assistant kept a condensed account of key observations of actors and activities (what was happening); verbatim records of what was said; and the atmosphere at the shelter, including the emotional tenor of the environment. Following each visit to the shelter, she produced an expanded account of her condensed notes, filling in the details and documenting recurrent activities, interactions, and scenarios between and among the residents and staff members, as well as those related to clinical supervision, board meetings, and the like. This record of detailed observations was audio-taped and subsequently transcribed, giving rise to 630 pages of field notes. These notes included a record of her “experiences, ideas, fears, mistakes, confusions, breakthroughs, and problems that arise during fieldwork,” typically found in a fieldwork journal (Spradley, 1980, p. 71). In total, observations were made of 50 women and 33 children.

We read the field notes and discussed them regularly with the research assistant to generate as thorough an understanding as possible of typical life at the shelter and the emerging patterns. Subsequently, the research assistant conducted in-depth, semistructured interviews with 11 of the 12 staff members that typically lasted more than 2 hours. The interview guide contained the following questions for exploration: the staff’s (a) motivations for working at a battered women’s shelter, (b) visions of feminist ideals and practices at the shelter, (c) accounts of their work in which they experienced both successes and disappointments, and (d) relationships with their colleagues, board members, and the residents. Each interview was tape-recorded and transcribed verbatim, creating more than 300 pages of type-written text.

We analyzed the field notes and data from the interviews according to accepted qualitative research methods (Hammersley & Atkinson, 1995; Lofland & Lofland, 1995). The analysis entailed reading individual field notes and interviews “vertically” and coding them to enable “horizontal” comparison across sources of data without detaching the material from its particular context. From this preliminary reduction of data, we searched for emergent themes and their variations across the data set. Powerful recurring themes included the paradox of the shelter as an institution (rules, regulations) versus a healing center, the staff’s and residents’ aggravations over communal living (chaos, noise, dirt, and disorder), the staff’s uncertainty about handling disagreements (deserving versus undeserving residents, rule breakers), and mothering under difficult circumstances. The latter theme is the focus of this article.
Mothering in the Shelter

Difficult and Unusual Circumstances

Caring for one’s children in a shelter undoubtedly qualifies as mothering under difficult and unusual circumstances. A shelter is located in a neighborhood that is different from home, and the children’s schooling and access to friends and familiar surroundings and resources are temporarily suspended. In a shelter, women with and without children live collectively. Negotiating communal relationships, stressful on its own, may be all the more demanding in that these women and children have experienced violence. Initially strangers among themselves, subject to routines and regulations that are often not of their making, resident mothers cope with managing their children in an unfamiliar environment that is marked by intermittent crises, either their own or others’. As one worker put it, “there are always new women, new problems, new characters, and everything is moving, nothing is stable.”

Disrupted Routines, Chaos, and Exhaustion

During this time of upheaval, the idealized construction of mothers as calm and competent nurturers is much more improbable. At this shelter, women are expected to participate in preparing meals and cleaning. Although these expectations are aimed at empowerment and the development of resourcefulness and self-esteem, the added burden on the mothers is not adequately recognized. Mothering a young child is highly demanding at the best of times. Residing at a shelter for battered women means disruptions in daily routines and the management of children. Mealtime is particularly taxing for mothers, as this excerpt from the field notes indicates:

At dinner, the babies were screaming, and Mai’s 9-year-old was trying to get attention. Mai kept saying “Stop that!” in Japanese, and everybody laughed because they all knew how to say “Stop that!” in Japanese after hearing it so much. Almost everyone at the table was sick with one thing or another. Throughout the meal, Mai’s 9-year-old was flicking the lights on and off and annoying most of the people at the table. Mai looked exhausted as she was left to deal with her daughter alone.

In the next observation, also at mealtime, it is evident that coping with young children in these circumstances can be trying and chaotic:

The women were seated and eating. The space where the table was located seemed very cramped. The television was on, the picture was black and white, and the volume was high. The television remained on during the meal, although it didn’t look like anyone was actually watching it. At the table were some of the residents (Mila and her 16-month-old daughter Dina; Malka and her 3-year-old daughter Dory; and Michelle, a single woman) and two workers. Mila, a Sri Lankan woman, cooked an elaborate meal. Her daughter was having difficulty negotiating her glass of what was now a mixture of her drink and her food. Mila turned to her daughter every few moments when something fell or spilled over. She was hungry and trying to eat. The worker responded to the daughter much like Mila; when something fell, she would pick it up and turn to Dina and occasionally smile, but it was clear that she was not taking care of Dina. Meanwhile, Dory was getting up and down from the table and running around the kitchen. She had no food, but her mother was at the stove with a pot of water, preparing noodles. I was distracted—the conversation, the children, the television. . . . Mila was still trying
to feed Dina. She got up from the table and served a large bowl of fruit salad and ice cream. Malka got up from the table to strain the noodles and placed a bowl in front of Dory. Mila took some noodles as well and put them on the high chair tray for Dina, who played with her utensils, put them in her cup, dropped them on the floor, and spilled her water cup. Mila served everyone dessert and cleaned up the mess her daughter made.

After dinner, people went to the balcony for a cigarette, and then we all went inside. Mila was still cleaning up the kitchen. Dina was running around by herself. . . . It was obvious that Dina had a dirty diaper. Malka started saying “pee-yew” and waving her hand in front of her nose. . . . Mila looked busy; she was the only one cleaning the kitchen. . . . Dory was walking around and doing what toddlers do—picking things up, pulling things, and I was nervous that she was going to hurt herself. (field notes)

Unrelenting Demands

The emotional energy and constant physical effort it takes to manage children are the familiar yet often taken-for-granted facets of motherwork. Shifting these typical challenges into the unfamiliar and communal environment of a battered women’s shelter may be more demanding for mothers and may also give rise to heightened frustration and feelings of ambivalence between mothers and their children, as was observed in the following field notes:

I arrived at noon. . . . There was a great deal of movement in the house, many kids. . . . There were two new women, and each of them had a child, a little girl and a baby. . . . One of the women was cleaning frenetically, sweeping, tidying, and preparing to mop. She finished cleaning and then started cooking. . . . The other woman, Mabobeh, was feeding chopped egg and a glass of milk to her 3-year-old daughter, Dahanna. Dahanna did not want to eat the food; she spit pieces out of her mouth and put them around the living room. Finally Mabobeh gave up, but not before giving Dahanna the glass of milk and begging her to drink all of it. . . . Her voice sounded desperate, tired, frustrated. I looked up at Mabobeh and noticed huge bruises on her upper arms.

Not only was Mabobeh coping with the effects of a physical assault, injuries, and dislocation, but unlike the single women in the shelter, she found no respite from the unrelenting demands of caring for her daughter. A related powerful theme that permeated the data was the expectation that mothers are responsible for the ongoing care and supervision of their children. During the volunteer training session, the worker told “prospective volunteers that they are not baby-sitters.” She said, “It is OK to watch children so mom can take a shower, but it is not OK [for the mother] to leave the shelter for two hours and [expect you to] watch the children.”

The expectations of mothers to cope constantly with their children led Marissa’s worker to question Marissa’s need for daily naps:

Marissa and her 5-year-old daughter have been residents at the shelter for three weeks. During this time, Marissa has taken daily naps while the child care worker at the shelter plays with the daughter. Although the child care worker has established a relationship with the girl as a result, she is concerned that these naps speak to greater problems. She wonders if the daily naps suggest that Marissa is unwilling to provide full care to her child, not to mention resistance to addressing the violence in her life. (field notes)
Under the best circumstances, mothers need respite from their children. This need for a break from one’s children goes against the ingrained and pervasive belief that good mothers can and should manage. In the context of seeking refuge at a shelter, such respite seems all the more necessary and reasonable. In the shelter, however, a nap is considered suspect; perhaps it is thought of as a dereliction of maternal duty or resistance to confronting the cycle of violence in which a mother is embroiled. Similarly, expressions of ambivalence toward maternal responsibilities are not readily understood or accepted. As the next example illustrates, there was little room for a consideration of Malifa’s experience of mothering in the shelter. Malifa’s struggle to take care of her children fueled suspicion about her possible complicity in her children’s suspected abduction:

Malifa called the shelter in a state of panic, believing that her estranged husband had abducted their children and taken them out of the country. While [the shelter workers] rallied to her support, some suspicion was expressed about the length of time it took Malifa to contact the shelter and the police. This suspicion was fueled by the fact that while she was a resident at the shelter, Malifa was often frustrated and overwhelmed with the daily care of her children. (field notes)

Romantic and Idealized Constructions of Mothering

Juxtaposed against these unrelenting demands on mothers, the field notes also recorded how workers “cooed, oohed, and aahed” over the children, encouraging the romanticization of motherhood and discouraging the expression of women’s complex and, at times, negative feelings toward mothering, as may be seen in the following excerpt:

2:30 pm. I sat down in the living room with the residents. Maria and her two babies were playing on the floor. Maria was explaining how much energy her children had, and she said it was very hard to get them to sleep because they were so energetic. I asked if she has any help with the children, and she said no, but she wished for help. . . . We continued to watch the children play when [worker] wistfully said, “You never get tired of just watching little kids play.” Maria gave her a look. [Worker] saw the look and said, “Well, I guess you never get tired when they are not your kids.” Maria said, “That’s for sure.” (field notes)

Such superficial and idealized constructions of mothers as continually nurturing and without their own needs persist. As one worker said, “The hardest thing about this job is a mother not being the best mother she could be.” She explained: “It’s your child. Despite everything that has happened [to you] . . . you should still sit them down on your lap and hug and kiss and play with them.” The message is clear: Good mothers should always be available, and their children’s needs should always come first, no matter what has happened to them. Mothers, it seems, must never allow their own needs to interfere with their maternal duties. At the same time, a contradictory message is conveyed by the workers. To confront the violence in the women’s lives, the workers reported, “We always tell the woman to think about herself—‘choose you’ or ‘put yourself first.’” They spoke at great length about promoting women’s autonomy, pursuing individual needs, and engaging in effective decision making to live violence-free. As we have argued elsewhere (Davies & Krane, 2003; Krane & Davies, 2002), this focus on the woman may unwittingly disregard other facets of her complex identity, including her mothering. A glaring discrepancy emerges: On one hand, the battered “woman” is advised to honor her own needs, and, on the other hand, as a “mother,” she ought to privilege her children’s needs.
Heightened Sensitivity to Abuse

With the staggering rise of attention to the effects of violence against women on their children, women as mothers in shelters are becoming more visible, and their behavior toward their children is more readily scrutinized. When mothers’ performance is observed, we suggest that it is scrutinized through a lens that is highly sensitive to abuses of power and control. This lens is consistent with the workers’ recurring vision of the shelter as a “healing center” in which abusive interactions are unacceptable. This vision was reflected in a role play during clinical supervision that addressed the issue of excessive anger among the residents. The staff was advised to remind the residents, “When you yell, you are abusing others . . . [and] if you don’t like it here, then maybe there’s a better place [for you to go].” The workers repeatedly spoke of the “demand [for] respect in the house” and “zero tolerance” for abuse; they consistently identified “tone of voice” as a possible instance of violence. This sensitivity toward abuse filtered through their interpretations of mother-child relations, as may be seen next:

The worker observed Melanie firmly instructing her two young children to sit quietly at the kitchen table while she was engaged in a telephone conversation with a legal advocate to arrange the necessary steps to separate from her abusive husband. The worker expressed concern that it was most unusual for preschool children to be “so obedient.” She wondered if the children might have reacted this way because of a history of witnessing the violence encountered by their mother or the possibility of having been victims of abuse themselves. (field notes)

There are many possible explanations for the children’s compliance with their mother’s directive to sit quietly, including one that reflects the healthy, effective, and acceptable use of parental power and authority. However, in the context of heightened sensitivity toward abuse, there was little room for this alternative and normalizing interpretation in the shelter.

Sensitivity to Mothering

In the climate of urgency around addressing violence against women, there was little space for shelter workers to explore mothers’ normal feelings and behaviors at the shelter. There were, however, some instances of sensitivity to the unique challenges that the mothers faced in the shelter. Mention was made of the need for baby-sitting to give the mothers a break from the care of their children. One worker spoke of being acutely aware of the scrutiny of mothers in the shelter. She described incoming residents as “down physically” and “emotionally exhausted.” She described how women were now faced with having to make “appointments in different places” and “start fighting with the system” and noted that some “don’t feel like cooking for 10 people.” She wondered, “How do you survive this place?” and admitted that she would “never come to this shelter with my children, never.” She elaborated as follows:

First of all, my house is spotless, I’m immaculate, I can’t take disorder. . . . I couldn’t stand to be just in my little room upstairs. My biggest fear would be coming here with my children; there’s so much illness that goes around with the children—TB . . . mono. . . . I’d also be afraid [of losing my children]. . . . I’ve seen this when a woman is talking with [her worker] about her children and her life at home and her husband and the violence and everything else, and when she’s not quite sure whether she is going back to him or not at that moment. I’d be afraid of
child protection, ... of losing my children. ... I wouldn’t know it when I came in as a woman, but only as staff, and what I know of the shelter, I would not take the chance of losing my children in this place, y’know.

Discussion

Shelters for battered women have been successful in providing safety and support for women to contemplate pathways to living violence-free. To date, however, little specific attention has been directed toward exploring the particular needs and interests of women as mothers in these circumstances. As this case study showed, in the shelter, the physical and emotional burdens of mothering were largely invisible. When mothering was noticed, it was either romanticized or scrutinized through the lens of relations of power and control that are central to feminist understandings of violence against women. This heightened sensitivity toward abuses of power, coupled with unexamined and idealized assumptions of maternal care, may produce distorted understandings of mother-child relations in the context of responding to violence against women.

Toward this end, this study has drawn our attention to debates within feminism on conceptions of power, with a particular need to explore how power operates in families (Davies & Krane, 2003; Featherstone & Trinder, 1997). An analysis of gender-based power and control that is used to understand men’s violence against women is problematic when it is transposed to mother-child relations. Theoretically, the findings of this study suggest the need for a debate on power in relation to mothering in which some measure of power and control is necessary and begs the question of the democratization of family practices that some theorists have advocated (Featherstone, 2004; Ferguson, 2001). Shelter workers’ judgments of women as mothers are shaped, in part, by commitments to equitable and non-violent power relations. This view is, of course, in keeping with feminist traditions of pursuing egalitarian relationships over hierarchical ones. When workers observe abuses of power between residents, including those that arise between women and children, they are bound to react. The problem, however, is that power relations between mothers and children cannot be examined with the same set of assumptions. This is not to suggest that mothers can be allowed to be abusive. Rather, it is a call to consider the constraints that arise from conceptions of abuse that center on power and control in the context of mother-child relationships.

In terms of practice with mothers in shelter settings, workers’ typical conceptions of power relations ought to be subject to critical reexamination. Conceptions of violence against women as expressions of male prerogative, unequal power relations, and women’s subordination need to be made explicit and consciously distinguished from appropriate and productive expressions of power and control that are part and parcel of mothering. Perhaps it is difficult for workers in this field of practice to distinguish between acceptable maternal control and authority and unacceptable and harmful abuses of power and control. Not only are workers’ conceptions of power subject to challenge, but we suggest that workers may also develop a more complex understanding of women residents’ conceptions of power, including maternal power in relation to children, and the uneasy tension between managing both women’s and children’s needs.

Feminists have challenged persistent but unrealistic expectations of women to care silently for and nurture their children, regardless of inadequate material and emotional resources. A more candid picture of mothering would account for the emotional, physical,
and material costs, consequences, rewards, and challenges that are variously inherent in raising children. We have also suggested that this realistic understanding of mothering needs to include an acceptance of manageable ambivalence between mothers and their children. A deeper appreciation of this complex understanding of mothering seems warranted in interventions with women who are seeking services in a variety of settings, particularly shelters. After all, mothers are likely to be residents of battered women’s shelters because they have limited other options or resources to draw on in addressing the violence they are experiencing. By virtue of being in the shelter, their mothering is open to judgment. The additional stressors faced by mothers while parenting in the shelter are bound to affect their maternal performance, not to mention their children’s behavior. Providing women with the opportunities to express a range of emotions toward their children, including their need for respite or their need to release the tensions of parenting, may allow mothers to manage better the challenges of meeting their own needs as “survivors” with the needs of their children. To repress or silence women’s pressures as mothers may foster unmanageable ambivalence and may thwart women’s potential to heal from abusive relationships.

Workers also need opportunities to articulate their deeply held beliefs that inform their judgments about mothering. Such beliefs ought to be open to critical scrutiny of their underlying assumptions of class and culture vis-à-vis good-enough mothering (Collins, 1994; Hays, 1996). Recognizing their own social locations in relation to mothering occurs alongside generating residents’ own accounts of mothering. In this regard, workers may routinely explore how maternal subjectivity is affected by women’s experiences of violence. They may address how these experiences affect the residents’ sense of maternal competence and their relationships with their children. Recognizing that some women separate from their abusive partners on leaving the shelter, workers may help women anticipate the challenges that await them in their transition to single motherhood. By incorporating an explicit recognition of the physical and emotional demands of motherwork and enabling discussions around maternal ambivalence, new opportunities for intervention may emerge for working with mothers in shelters.

Our inquiry has articulated the difficult and discrepant terrain between children’s and mothers’ needs in the context of contemporary shelter practice. Observing everyday life in a shelter for battered women and their children and talking with staff members about their ongoing practice have enabled us to speculate about the challenges that are inherent in working with women as mothers in this setting. Although we suggest that inadequate understandings of the complexities of mothering, compounded by the lens of abuse as the unacceptable use of power and control, shape intervention with mothers, we make no claims for the universality of this analysis. The extent to which notions of power and control shape practices with mothers and children in other shelters remains to be examined. Further research may also explore the extent to which—and how—shelter practices take into account the physical and emotional demands of mothering in relation to assisting women in their journeys from victims to survivors.

References


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