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Experiences of Domestic Violence Survivor Mothers Charged with  
Child Neglect and Court-Mandated to Counseling

Catherine N. Ekwe

EXPERIENCES OF DOMESTIC VIOLENCE SURVIVOR MOTHERS CHARGED  
WITH CHILD NEGLECT AND COURT-MANDATED TO COUNSELING

DISSERTATION

Presented in Partial Fulfillment of the Requirements for the  
Degree of Doctor of Philosophy in  
Counseling

in the Adrian Dominican School of Education

of

BARRY UNIVERSITY

by

Catherine N. Ekwe, B.S., M.S., M.S.

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Barry University

2011

Area of Specialization:

Marital, Couple, and Family Counseling/Therapy

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## ACKNOWLEDGEMENTS

The dream begins with an educator who believes in you and guides you to the next plateau. I would like to acknowledge the support and direction of my dissertation committee chair and members. A special thanks goes to my chairperson, Dr. Fernandez, for her unconditional support. One looks back with appreciation for the brilliant professors and with gratitude to those who touched our human feelings. Dr. Fernandez, your knowledge and humility touched me. You have always been the model of an authentic educator who knows best when to harness the intellect and when to harness the heart. Thanks for the countless hours that you spent reading previous drafts and working on revisions to improve the presentation of this dissertation.

I also thank my methodologist, Dr. Karen Shatz, for her guidance in developing and completing this dissertation. The great teacher inspires--sometimes poking you with a sharp stick called "truth." Thank you for never expecting less than my absolute best. Dr. Harris-Looby, Judy S, thank you for your encouragement and for being a listening ear during difficult times while balancing energy among the dissertation committee. I thank the participants for agreeing to share their personal experiences as survivors of DV charged with child neglect and court-mandated to seek counseling. My heartfelt gratitude goes to Dr. J. T. Guterman for instilling in me the ardor for writing research papers.

Special thanks to my god-mother, Rev. Uloma Felicia Ndubuaku, and her family for their love, prayers, and support during this my long academic journey. Mama, you

have been a positive energy in my life. I would thank you from the nethermost region of my heart, but, for you, my heart has no extremity.

Also, I thank my family, the nuclear family of the dearly departed Mr. B. D. Ekwe and Mrs. Bernadette Nwachukwu, my brother, and sisters, Celine and Juliana, for their prayers and support. In a special way, I thank my younger brother, the Honorable Lambert E. Ekwe, for going the extra mile to see that this, my dream, materialized. I also thank the Congregation of Sisters of Notre Dame De Namur for their encouragement, prayers, and support.

I thank all my friends who in one way or another have sustained and contributed to the realization of this my dream. Mrs. Anna Dow, I thank you for the numerous ways you have helped and accompanied me in my academic journey at Barry University. Your ever-present readiness to help others, solve their problems, and display your passion for God and the Catholic faith is extremely outstanding and totally captivating. I owe you lots of gratitude.

Finally, but most importantly, my thanks goes to the Trinity: God the Father, the Son, and the Holy Spirit, through whose mercy I was able to complete this dissertation. Father God, I thank you for the dreams and desires you placed in my heart. I submit those dreams to you and ask that you direct my steps. To God is the glory forever!

## DEDICATION

This dissertation is dedicated to the loving memory of my best friend, my beloved senior brother, Engineer Longinus Chuck Ekwe. *Nwanne*, you mentored me in all the spheres of life. You inspired me to pursue a doctoral degree. You always told me, “My baby sister, you are equal to the task; go for it.” Alas, your congratulatory speech about this important accomplishment in your baby sister’s life is conspicuously missing. Although you are no longer physically present with us here, I strongly believe that your spirit lives on in the legacy you left behind and through the values you instilled in me. Your memory is ineffaceable among us.

## **ABSTRACT**

### **EXPERIENCES OF DOMESTIC VIOLENCE SURVIVOR MOTHERS CHARGED WITH CHILD NEGLECT AND COURT-MANDATED TO COUNSELING**

Catherine Ngozi Ekwe

Barry University, 2011

Dissertation Chairperson: Dr. M. Sylvia Fernandez

The study explored the experiences of domestic violence (DV) survivor mothers charged with child neglect and court-mandated to counseling. Domestic violence is one of the most overwhelming and pervasive problems confronting families and society in the 21st century. It is a growing problem in the U.S. and impacts more than 5 million Americans yearly, of whom more than 85% are female (National Center for Injury Prevention and Control, 2003). In half of all marriages in the U.S., at least one incident of physical violence occurs, and of women abused by male partners, 30% to 80% have children who are neglected (Graham-Bermann & Edleson, 2001; Lewis, 2003). Battered women often face child neglect charges and are mandated by the court to seek mental health counseling when they seek legal help for DV, or when it is alleged that their children have been exposed to DV (Stark, 2008). This study employed a qualitative research design with a phenomenological inquiry paradigm to answer the research question: “What are the experiences of DV survivor mothers charged with child neglect and court-mandated to counseling?”

Twelve ethnically diverse DV survivor mothers between the ages of 20 and 45, in a heterosexual relationship, and with a minor child or children at the time of the DV incident were interviewed. Four major themes emerged. Women expressed (a) being

beaten up by the system, (b) being placed into many programs, (c) being denied a voice in the courtroom, and (d) finding healing and empowerment through counseling. Findings reveal that DV survivor mothers' satisfaction with law enforcement is directly related to the quality of the services provided by the officers who respond to their calls for help. The participants experienced the legal-judicial system's response to their abuse as re-victimizing interventions that seemed to hold them liable for the actions of their abusers. Findings also show that while they did not like being mandated to receive counseling, the participants found counseling to be both healing and empowering. The persona of the counselor, individual and group counseling techniques, and resources/information provided to them were felt to be instrumental in the benefits gained from counseling. These findings may be of use to policy makers seeking to inform their decision-making regarding DV survivor mothers. Findings may help furnish agency policy makers with information on victims' needs and the role of law enforcement, and suggest reconsideration of the requirements imposed on them by child protective services. DV survivor mothers' experiences with the legal-judicial system also reveal issues in counseling that can be applied to efforts to achieve social justice in counseling. Findings of the present study provide a springboard for (a) future research on the experiences of homogeneous cultural groups of DV mothers, (b) exploring effective techniques in working with DV survivor mothers, and (c) exploring only the experiences of DV survivor mothers who have completed counseling to assess whether counseling had an effect on how they coped with the after effects of DV.



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## CHAPTER 1: The PROBLEM

*“I’ve had no time for knowing I was a victim of domestic violence.  
When they removed my children, the physical pain was overlooked.”  
(Sharwline Nicholson, as cited in Lombardi, 2002, p. 24)*

Domestic violence (DV) is one of the most devastating and pervasive problems that confront families and society in the 21st century. Crime statistics and literature on the physical-emotional health injuries sustained by DV victims, the numerous deaths resulting from DV, and the cost of lost wages and productivity caused by DV show that it is a serious national problem (Tjaden & Thoennes, 2000). Domestic violence claims the lives of numerous Americans each year and, most often, the victims of DV are women. According to the Bureau of Justice Statistics (2007), every 52 seconds, one woman is victimized by an intimate partner in the U.S. About 4.8 million rapes and physical assaults are perpetrated against women by intimate partners annually in the U.S. (Tjaden & Thoennes, 2000), and one in five rape assaults against females is committed by an intimate partner (Catalano, Smith, Snyder, & Rand, 2009). Approximately 50% of all injuries presented by women in hospital emergency rooms are the result of partner abuse (Martins, Holzapfel, & Baker, 1992). Intimate partner homicides make up 40% to 50% of all murders of women in the U.S. (Centers for Disease Control [CDC], 2003). In 2005, crime statistics recorded that 1,181 women were murdered by an intimate partner (Bureau of Justice Statistics). Of all homicides in the U.S. in 2007, 14% were committed by intimate partners. The total estimated number of intimate partner homicide victims in 2007 was 2,340: 1,640 females and 700 males (Catalano et al., 2009). Women are far more likely to be victimized and murdered than men in DV

incidences (Catalano et al., 2009; Tjaden & Thoennes, 2000). Of those murdered by their intimate partners, Rennison (2001) found that 74% are women and 26% are men.

### **Domestic Violence Conceptualized**

Domestic violence refers to violence between intimate partners who are living together or have previously cohabited (Buzawa & Buzawa, 2003). Domestic violence is a pattern of controlling behavior that happens between people who are or have been involved in an intimate relationship as partners, spouses, or boyfriends and girlfriends (Duluth Model, 1980). The abusive behavior may be physical, sexual, emotional, psychological, or financial, and the victim may or may not be a cohabitating intimate partner or spouse (Duluth Model, 1980; Martins et al., 1992). In the criminal justice system, DV is defined differently by different states. In the state of Florida DV is narrowly defined:

... any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in physical injury or death of one family or household member by another family or household member. Family or household member means spouses, former spouses, persons related by blood or marriage, persons who are presently residing together as if a family or who have resided together in the past as if a family, and persons who are parents of a child in common, regardless of whether they have been married. With the exception of persons who have a child in common, the family or household members must be currently residing or have, in the past, resided together in

the same single dwelling unit.... (Florida Statute, XLIII, 2009, §§ 741.28-741.31)

For the purpose of this study and in keeping with current views, DV refers to any behavior within an intimate relationship that causes physical, psychological, or sexual harm to one or both the partners in the relationship. Such behavior includes slapping, hitting, kicking, beating, intimidation, humiliation, forced intercourse, and various controlling behaviors such as isolating a person from his or her family and friends, monitoring his or her movements, and restricting his or her access to information or financial resources.

National surveys and empirical studies indicate that DV is a serious problem that cuts across boundaries of race, gender, ethnicity, religion, education, income, and other spheres (Buzawa & Buzawa, 2003; Kapoor, 2000; Tjaden & Thoennes, 2000). Domestic violence is both a national and a worldwide problem. According to a 2000 UNICEF study of the world's female population, 20% to 50% will become victims of DV (Kapoor, 2000). With respect to America, available statistics indicate that DV impacts more than 5 million Americans yearly, and that more than 85% of those are female (National Center for Injury Prevention and Control, 2003). Domestic violence is commonly and primarily considered a crime against women, as women are most often the victims. Crime records from the U. S. Department of Justice, the National Institute of Justice, and the Centers for Disease Control and Prevention collected from the National Violence Against Women Survey in 2000 recorded 1.3 million incidents of physical assault on females and 835,000 incidents of physical assault on males by an intimate partner in the in the U.S. (Tjaden & Thoennes, 2000). Arguably, either



gender can abuse the other (Gardner, 2007; Swan & Snow, 2006), however, DV is overwhelmingly perpetrated by men. The vast majority of domestic assaults are committed by men (Rennison, 2001) and 85% to 95% of the reported survivors are female (Tjaden & Thoennes, 2000).

According to statistical data from the Bureau of Justice Statistics National Crime Victimization Survey, in 2008 intimate partner victimization numbers for women were 551,590 (72%) and 101,000 (49%) for men (Catalano et al., 2009). The data indicate that the rate of intimate partner violence declined 53% for women and 54% for men between 1993 and 2008. For females aged 12 and older, the rate of intimate partner violence decreased from 9.4 victimizations per 1,000 females to 4.3 victimizations per 1,000 females. For men, the rate decreased from 1.8 victimizations per 1,000 males aged 12 or older to 0.8 victimizations per 1,000 males (Catalano et al., 2009). However, the prevalence rate of DV in the U.S. is still high and needs to be addressed.

DV is viewed by the public and government agencies as a major social problem (Tjaden & Thoennes, 2000) because of health issues and lost productivity that arise as a consequence. DV accounts for over 2 million visits to hospital emergency rooms each year (Rand & Storm, 1997). Straus, Gelles, and Steinmetz (1980) found that in 10% to 20% of all marriages, regular and repeated violence occurs between spouses and that at least one incident of physical violence occurs in 50% of all marriages. Several empirical studies indicate that DV has enduring detrimental effects on women and children (Buzawa & Buzawa, 2003; Carlson, 1990; Edleson, 1999b; Faller, 2003; Graham-Bermann, 1996; Herman, 2001; Horwitz &

Skiff, 2007; Laszloffy, 2007). Other research has shown that female survivors of DV experience increased levels of psychological distress, including posttraumatic stress disorder (PTSD), depression, and low self-esteem (Levendosky & Graham-Bermann, 2000).

Research on the co-occurrence of DV with child neglect indicates that in families where the mother is abused, children are neglected (Appel & Holden, 1998; Carlson, 1984; Connolly et al., 2006; Edleson, 1999; Guille, 2004; O'Leary, Slep, & O'Leary, 2000; Theisen, 2001). One child is reported neglected every 34.9 seconds (U. S. Department of Health and Human Services, 2007). Children who witness repeated DV also exhibit problems in their social and emotional adjustment. Violent youth are four times likelier than nonviolent youth to come from homes in which their fathers beat their (Edleson, 1999; Graham-Bermann, 2001).

Based on the growing understanding of the impact of DV on children, many state legal systems have moved vigorously toward strict accountability for DV. Some states have enacted specific statutes criminalizing failure to protect the child from exposure to DV, whether or not the child experienced or witnessed the violence. Instead of focusing on the perpetrator for abusing the mother and the child, this strict accountability has been applied toward both the abuser and the mother who is often the abused (White, White, & Larrington, 2005). Critics argue that this strict accountability should instead focus only on the perpetrator. Davison (1995) noted that no man has ever been prosecuted for failing to protect his children from an abusive mother. Under the laws and practices of many jurisdictions, women with children may be criminally prosecuted for failing to leave their abusers or for failing to report

or seek help for the abuse that they and their children suffer. Stark (2008) noted that the failure of a battered woman with children to leave her abuser may result in criminal prosecution, incarceration, or termination of her parental rights.

Following the presumption that witnessing DV harms children, a disturbing trend has emerged: women are being criminally charged with failure to protect under child endangerment statutes because of the violent, abusive actions of their partners. The sentencing of DV survivor mothers for child neglect and being court-mandated to counseling for exposing their children to DV is also documented (Edleson, 1999; Lemon, 2000; Theisen, 2001). Many states have instituted a policy of charging DV survivor mothers with child neglect and removing their children in response to allegations that the children witnessed or were exposed to DV. For example, Lewis (2003) notes that 30% to 80% of abused women have children who are neglected in the home by both parents. However, most often, mothers continue to be blamed for the majority of problems in families (Risley-Curtiss & Heffernan, 2003).

### **Child Neglect Conceptualized**

Definitions of child neglect vary among states and across disciplines, agencies, and professional groups, including child protective services, court systems, and health care providers. The Child Abuse Prevention and Treatment Act of 1996 narrowed the definition of child neglect to actual harm or an imminent risk of serious harm. In the state of Florida, child neglect is defined as deprivation of necessary food, clothing, shelter, or medical treatment, or living in an environment where such deprivation significantly endangers the child's physical, mental, or emotional health (Florida State, Ann. Stat. § 39.01, 2009). It is by Florida domestic violence

law considered emotional neglect to expose a child to chronic or extreme spouse abuse or other DV. Chronic neglect is defined as a persistent pattern of family functioning in which the caregiver' failure to sustain and/or meet the basic needs of the children results in harm to them (Florida State, Ann. Stat. § 921.0024, 2009). In the context of the present study, child neglect is conceptualized as subjecting a child's health or welfare to unreasonable risk due to exposure to DV.

Each year in the U.S. between 3.3 and 10 million children witness or directly experience violence towards their mothers in their homes (Carlson, 1984). The form of witness can be auditory, visual, or inferred, and includes cases in which the child perceives the aftermath of violence, such as physical injuries to family members or damage to property (Florida State, Ann. Stat. § 921.0024, 2009). According to the recently completed National Survey of Children's Exposure to Violence (NatSCEV), more than 60% of children surveyed had directly or indirectly been exposed to violence within the past year (Finkelhor, Turner, Hamby, Ormrod, & Kristen, 2009). These nationally representative survey findings indicate that 25% of U.S. children are exposed to some form of family violence during their childhood years (Finkelhor, et al., 2009).

Over the years, an array of interventions has been implemented to address DV against women in the U. S. (Buzawa & Buzawa, 2003). Domestic violence was first confronted largely through advocacy within the women's movement, through the dedicated efforts of advocates for battered women, and then through the combined efforts of law enforcement agencies, the courts, social services, and corrections agencies (Buzawa & Buzawa, 2003; Erez, 2002; Ferraro, 1989; Lentz, 1999). The

criminal justice response helped recast DV from being perceived as a private matter to being considered an offense against the state.

The criminal justice system includes police, prosecutors, courts, and corrections officers who enforce laws against DV. According to Buzawa and Buzawa (2003), since the 1970s, law enforcement has had the most significant role in responding to DV. Police officers, with authority to arrest suspects, conduct street-level law enforcement and investigations. Prosecutors, acting as gatekeepers in tracking cases toward final adjudication, manage cases within the legal system. On behalf of the courts, judges oversee trials and, in non-jury trials, determine the guilt or innocence of defendants. Defendants found guilty of a crime are then processed by corrections agencies.

The police are the first point of contact with the criminal justice system for victims of DV (Bennett, Goodman, & Dutton, 1999). Women are most likely to contact the police when they fear for their lives (Coulter, Kuehnle, Byers, & Alfonso, 1999; Erez & Belknap, 1998; Landau, 2000). According to Lemon (2000), however, female survivors of DV that seek help from the legal-judicial system often face a criminal charge of child neglect for exposing their children to DV.

Prior to the 1980s, mental health counseling interventions were not considered valid for survivors of DV. Since the 1980s, the formal response of the mental health field to issues of DV has included the development of new practices to confront the problem of men's violence toward their partners, including guidelines for counselors to use in court-mandated group counseling (Pence & Paymar, 1993). The Duluth Model project argued for practices that would hold offenders accountable and place

the onus of intervention on the community, not on the individual woman being battered.

Some scholars have reported that the judicial system has increasingly ordered probation with counseling in response to DV crimes (Adams, 1992; Haley, 1992; Jacobson & Gottman, 1998; Lehmer, 1986; Robbins, 2003; Waldman, 1999). Thus, DV perpetrators are often placed on probation and mandated to receive some form of mental health treatment, batterer's intervention, and/or couple's counseling in lieu of incarceration. Similarly, female survivors of DV are increasingly sentenced by the judicial system, through the Child Protection Services (CPS), in Florida state known as Department of Children and Families (DCF) to mandatory DV counseling; noncompliance can result in losing custody for failure to protect their children from witnessing DV in the home. Mothers are held responsible for failing to protect their children from an abuser or for not promptly reporting a child's injury, even when to do so would put them and their children in danger (Stark, 2008).

In most cases, children are removed from the non-offending parent, usually a mother survivor, for exposing her children to DV (Lombardi, 2002; Theisen, 2001; Wilson, 1998). Lombardi (2002) reported, for instance, that when a Jamaican immigrant and single mother, Sharwline Nicholson

...thinks about what happened in January 1999. [I]t's not about the fact that her boyfriend beat her for the first and last time. Instead she thinks about her children, who were removed that night and put into foster care while Nicholson was charged with child neglect and court-mandated to DV counseling for offense called engaging in domestic violence (p. 24).

Nicholson's case and that of others suggests that CPS sanctions DV survivor mothers rather than their abusive partners.

Arguably, this practice by the state and its agencies is fueled by the gender bias favoring men in many patriarchal societies (Edleson, 1998). According to Johnson and Sullivan (2008), patriarchal ideologies are widespread in the legal response to DV. Child Protection Services (CPS) has arguably tended to build on traditional gender assumptions that view the role of the mother as primary caregiver. Child Protection Services considers women almost exclusively as mothers, interprets their needs only in relation to the needs of their children, and provides services designed to support DV survivor mothers' capacities as caretakers (Stark, 2008). As Turney (2000) pointed out, caring has been and continues to be socially constructed as women's work. Consequently, a breakdown in care is attributed to the mother. The dominant discourse on women and women's roles suggests that nurturing is carried out by mothers. In keeping with the patriarchal mentality, absent nurturing must thus be a problem of mothering. In addition, battered women are seen by many court officials and child protective service workers as culpable for the crimes inflicted on them (Johnson & Sullivan 2008). This view persists because battered women are believed either to "provoke" the perpetrator into violence or fail to avoid the criminal assault by accommodating the perpetrator's demands (Gillis et al., 2006; Martin, 1976; Walker, 1979). As Hart (1993) observes, "battered women are often viewed by the police, the prosecutor, judges, jurors, and probation/parole staff as responsible for the crimes committed against them" (p. 626).

A considerable research in recent years have looked at DV (including the co-occurrence of DV and child neglect) as a social problem, focusing on its effect on women, children, and society at large (Buzawa & Buzawa, 2003; Edleson, 1999; Faller, 2003; Helfrich, Fujiura & Rutkowski-Kmitta, 2008; Kivel, 2007; Kopels & Sheridan, 2002; Walker, 2000). However, a paucity of research exists concerning the real life experiences of DV survivor mothers charged with child neglect and court-mandated to counseling.

### **Nature and Scope of the Problem**

For the past three decades, domestic violence has gained increasing attention in the U.S. from the general public and from various professions as a direct result of the extreme physical and emotional damage it causes to its victims—both adults and children alike. Domestic violence is usually perpetrated by a male (Tjaden and Thoennes, 2000), but sometimes men are victims as well. Prior to the emergence of the feminist movement of the 1960s and the 1970s, the phenomenon of wife beating remained invisible. The feminist movement empowered women to publicize the issue of wife abuse. The movement led to widespread awareness of the victimization of women. As a result, in 1970, the U. S. legislature voted to criminalize assault and battery within the family (Brown, 2007). Since the beginning of the feminist movement in 1848, numerous books, journal articles, and government reports have been written concerning DV against women and related responses. Books such as *Scream Quietly or the Neighbors Will Hear*, the first book on wife abuse (Pizzey, 1974), and *Battered Wives* (Martin, 1976) helped to publicize DV in the U.S.



Empirical research has explicitly shown the interconnectedness between the abuse of mothers by an intimate partner on the one hand, and, on the other, child neglect in the form of children witnessing domestic violence (Edleson, 1999a; Humphreys & Mullender, 2004; Laing, 2002; Malik, Ward, & Janczewski, 2008; McKay, 1994). These studies show that DV and child neglect frequently overlap with ample negative consequences to women and their children. Further, the practice of removing children who have witnessed their mother being beaten by her husband or boyfriend is on the rise. Parents could—if found guilty—face a fine, jail time, or the loss of their children. According to the Child Abuse Prevention and Treatment Act (CAPTA), “the law does not allow parents to put their child in danger or to hurt their child” (Cochrane & Davies, 2006, p. 26). To quote CAPTA, “As the parent, you are responsible for what happens to your child, even if you aren't the one who actually did the yelling, hitting, or hurting” (Cochrane & Davies, 2006, p. 7).

The purpose of the present study is to explore the real-life experiences of DV survivor mothers charged with child neglect and court-mandated to counseling. This study sought to understand these women’s experiences with the legal-judicial and mental health systems through listening to the narratives of 12 DV survivor mothers charged with child neglect for failure to protect their children against witnessing DV. It is hoped that the present study shall provide a springboard from which to explore how these mothers can be better assisted by the legal-judicial and mental health systems to deal with the co-occurrence of DV and child neglect in the home.

## **Justification for the Study**

There is a growing body of literature on the co-occurrence of DV and child neglect (Connolly et al., 2006; Malik, Ward, & Janczewski, 2008). As Malik, Ward, and Janczewski (2008) pointed out, DV and child neglect frequently overlap with substantial negative consequences to women and children in the same families. Counseling research that has specifically looked at experiences of female survivors of DV is insufficient. Lemon (2000) commented that most often in DV cases, mothers filing for a civil protective order against their spouses, partners, or boyfriends may face a criminal charge of child neglect for exposing their children to DV. Despite the accumulated research on DV (Browne, & Ostapuk, 2007; Edleson, 1999; Hartley, 2002; Kopels & Sheridan, 2002; Terrance, Plumm, & Little, 2008), insufficient research exists on the experience of DV survivor mothers charged with child neglect and court-mandated to counseling. This study is an attempt to contribute to a body of literature exploring how the legal-judicial system deals with DV survivor mothers who also face charges of child neglect and are court-mandated to counseling. The study seeks to inform policy makers and mental health counselors about how DV survivor mothers feel about child neglect charges and mandated counseling, with the hope that these stories might influence the development of DV policy and practice.

The intent of the present study is to better inform counselors about these women's experience between the point of entry into the legal-judicial system and that of getting into counseling. It is important to explore what it is like to be a DV survivor mother charged with child neglect and court-mandated to counseling. It is vital that counselors understand these mothers' experiences with legal-judicial system before

arriving at counseling. The same need exists for marriage and family counselors to be knowledgeable about DV and interventions that are necessary to respond to intimate partner abuse. It is also important for marriage and family counselors to be informed about relevant counseling issues such as family systems, the family life cycle, and the ways in which female survivors of DV may view counseling as oppressive. A review of the literature in counseling revealed a lack of research emphasizing social justice in counseling with this present study population. Research also indicates that practitioners view court-ordered clients as problematic because the clients themselves are not voluntarily seeking counseling (Haley, 1992; Lehmer, 1986; Waldman, 1999). Friedman (1997), commenting on counselors' training on DV, suggested that counselors need to know what protection the law can provide a victim, how the legal process works, and procedures for co-coordinating with legal assistance and community service resources. In keeping with Friedman's (1997) view, marriage and family counselors should be trained in the history of DV, DV dynamics, victims' response to abuse in the home, and effects of DV on victims. Marriage and family counselors need to be aware of the types of abuses that fall into the category of DV, their effects, and relevant counseling interventions.

DV continues to be a growing area of research in the mental health field, because people exposed to repetitive violence are likely to suffer a number of physical, psychological, and social consequences which must be addressed if they are to recover (Bloom, 2008). This is a significant shift in the mental health field's response to DV, compared to the not-so-distant past, when the advocacy for battered women seemed to focus on legal recourse with little interaction with the mental

health system. This, in part, was an effort to avoid continuing to focus on the presumed pathology of the victim and lifting the responsibility from men who perpetrated acts of violence (Bloom, 2008). However, exploring (a) the experiences of mother survivors of DV later charged with child neglect and (b) the meaning these mothers ascribe to their experiences will provide an important resource for family counselors working with this population. The researcher hopes that the information gathered from these mother survivors will also support the work of the courts in their response to DV. The researcher also hopes that the compiled information may be used to respond to the call made to counselors at the 2009 American Counseling Association conference in Charlotte, North Carolina, to actively confront injustice and inequality in society which impacts clients and others in their systemic environments.

### **Benefits of the Study**

The issue of DV provides unique challenges to couples counselors (Sperry, Carlson, & Peluso, 2006). This phenomenological study will present an opening to listen directly to the narratives of a set of DV survivor mothers and to the meanings they ascribe to being charged with child neglect and court-mandated to counseling. This study seeks to contribute to the body of knowledge within the mental health and legal-judicial systems about DV. Furthermore, obtaining narratives from the individuals who have experienced the phenomenon in question could provide a framework for further research, inform judges to enhance their decision-making regarding DV survivor mothers, and furnish agency policy makers with information on victims' needs and perspectives about services provided to them. For marriage and

family counseling, this study will inform counselors' decisions regarding interventions they need to make when working with female survivors of DV.

### **Origin of Interest in the Topic**

This researcher's interest in this topic developed while working personally with abused women during her doctoral internship in an urban community in the state of Florida. During that time, one of her primary assignments was to conduct intake and assessments of clients referred by the court for DV counseling through the Department of Children and Family Services (DCF), Child Protective Services (CPS) Division. Listening to the narratives of these women, the researcher heard the women's pain that resulted from feeling oppressed by the same system meant to defend them. Through working with this particular population, this researcher realized the importance of exploring the conflict inherent in protecting oneself from abuse by a partner and being criminalized with child neglect charges. This researcher saw the need to give voice to these women, who were (a) survivors of DV, (b) charged with child neglect for exposing their children to DV, and (c) mandated by the court to attend counseling. Upon reviewing some of the studies on DV and various DV interventions, this researcher also discovered a strong internal drive to advocate for rights of women who have experienced DV. Another important influence was this researcher's own knowledge of the subjugation of women in her African–Nigerian–Igbo culture where, for the most part—as in many other patriarchal societies—women are subjugated and DV do not get strong legal attention.

Haggman-Laitila (1999) suggested that researchers keep a diary to facilitate recognition of their own views during the data collection and analysis process. In

addition, he recommended avoiding rhetorical questions, encouraged writing down questions that emerged during the reading of the data to compare researcher and participant views to ensure that the presentation of findings were based on the views expressed by the participants rather than on his or her own views. In the present study, the researcher first acknowledged her personal experiences and biases about the phenomenon being studied and attempted to keep them under control while gathering and analyzing data. For instance, the researcher acknowledged her experiences with the phenomenon while working with this population as both a doctoral intern as well as a volunteer. The researcher also recognized her passion for social justice for women and sought to suspend and control this passion to prevent her fervent interest from muting the voices of the study participants. To do this, the researcher memoed any thoughts, feelings, or ideas that she had about the phenomenon she was researching, as part of the bracketing and reflective process.

### **Theoretical Framework**

The theoretical framework that guides this study is based on feminist theory and the perspective on DV informed by the feminist movement. Feminist theory is a critique on social relations and tends to expose the forces that work against women's rights and equal opportunities, including the right to be free from DV. Feminist theory examines women's social roles and lived experience. It posits that the social structure supports social inequities that lead to the perpetuation of male dominance. Feminist activists identified male violence against women as central to the perpetuation of women's oppression, and viewed sexual harassment, sexual assault, rape, and DV as part of a continuum of violence against women.

## **Feminist theory and perspectives on DV.**

Feminist theory emerged from the feminist movement as an extension of feminism into philosophical discourse with the intent of understanding the nature of gender inequality. Feminist theory of DV is grounded in the principle that intimate partner violence is the result of men's oppression of women embedded in a patriarchal system (Dobash & Dobash, 1979). Feminists hold that men are the dominant class and that they have differential access to material and symbolic resources (Dobash & Dobash, 1979; Yllo, 1998). Feminists emphasize the function of male use of violence in maintaining control over a female partner. For the feminist, the context for violence against women is a cultural and political framework in which women are not equal with men. Violence against women is both the result of gender inequality and the means by which it is perpetuated. Feminist theory attempts to explain male abuse of a female partner in an intimate relationship based on traditional gender-role expectations and the historical imbalance of power between women and men in a patriarchal society (Roberts, 2002).

From the feminist perspective, violence is the most obvious and seeming efficient means of social control used by men to uphold dominance over women (Yllo, 1998). The violence can be physical, emotional, or sexual, and can include social isolation and withholding of financial resources in order to undermine a woman's autonomy and limit her power in the relationship (Roberts, 2002).

From the feminist perspective, society places value on male control and power, and this power structure enables them to be batterers. They argue that traditions subordinating women have their origins in a patriarchal mentality in which

women are seen to be naturally inferior both physically and intellectually and, hence, should be under the authority of men (Anderson & Zinsser, 1989; Buzawa & Buzawa, 2003). For instance, traditionally, women have been considered *second class citizens*, a view rooted in the institutional rule of men and also inherited by and well embedded in Judeo-Christian belief systems (Anderson & Zinsser, 1989; Davids, 1977). The laws of many states allowed women to be treated as property (Dobash & Dobash, 1979). Feminist reformers believed that women's lower legal status contributed to DV because men ruled in government and society and, as husbands, ruled in the home (Anderson & Zinsser, 1989). Accordingly, in the early decades of the nineteenth century, women in the U.S., particularly from the middle and upper classes, sought reforms in many aspects of their lives by challenging male entitlement and privilege as well as the traditional notion that DV is a private family matter (Anderson & Zinsser, 1989; Buzawa & Buzawa, 2003). Feminists pressed hard for the criminalization of DV and challenged police unresponsiveness to DV incidents. Feminist theory contends that batterers are usually not violent in other relationships in their lives but are violent with a woman with whom they are expected to share power, that is, wives or girlfriends (Pence & Paymar, 2003). Feminist theorists recommend that men be re-educated in their belief and value system. Moreover, they advocate for interventions that use an empowerment approach in working with abused women (Gutierrez, Parsons, & Cox, 1998). Since the early 1970s, feminist theory has provided one of the predominant theoretical frameworks in the DV field (McPhail, Busch, Kulkarni, & Rice, 2007).



Feminist theory focuses on analyzing gender inequality and promoting women's rights, interests, and issues (Worell & Johnson, 1997). Feminist scholars (Bogard, 1998; Yllo, 1998; Dobash & Dobash, 1979, Stark & Flitcraft, 1995; Yllo, 1993) proposed that elements of gender and power are essential to understanding DV. Thus, feminist theory provides a theoretical framework to understand how a society may be predisposed to DV. It provides insight into the reasons particular societal responses occur and why social and legal institutions have tacitly tolerated or, at times, even perpetuated DV (Bograd, 1998; Dobash & Dobash, 1979). Feminist theory will thus provide the best lens through which this researcher may examine the lived experiences of DV survivor mothers charged with child neglect and court-mandated to counseling.

### **Research Design**

A qualitative research design with a phenomenological inquiry paradigm was used to explore the experiences of DV survivors whose difficulties were compounded by charges of child neglect and court-mandated counseling. Qualitative research design provides an approach for the study of complex issues inherent in human interactions such as DV. Most importantly, qualitative research attempts to explore the lived experience of the research participants about the phenomenon in question. Using a qualitative research design with a phenomenological inquiry lens, the researcher was able to capture the participants' thoughts and feelings and the meanings they attributed to being charged with child neglect and being court-mandated to counseling.

## Research Questions

Qualitative research, particularly phenomenology, attempts to understand the world through the eyes of an individual or a group of individuals and especially seeks to understand what an experience means to a person or group of persons. Creswell (2007) pointed out that research questions in qualitative study are open-ended, evolving, and non-directional. These questions start with a word such as *what* or *how* rather than *why*, and they are few in number. Creswell proposed that a researcher reduce her or his entire study to a single, overarching question and several sub questions. The primary research question was: What are the experiences of DV survivor mothers charged with child neglect and court-mandated to counseling?

The sub questions related to the above were:

1. What is the experience of DV survivor mothers with the legal-judicial system, including law enforcement, the courts, and the Department of Children and Families (DCF)?
2. What can the legal system and counselors learn from the experiences of DV survivor mothers charged with child neglect and court-mandated to counseling?

## Delimitation of the Study

This study attempted to explore the experiences of a few selected DV survivor mothers in a heterosexual relationship, between ages 19 -45 with minor children at the time of the DV incidence who were charged with child neglect and court-mandated to counseling.

### **Limitations of the Study**

There limitations to the present study were within the constraints of the methodology. First, the study was limited to a particular geographical location. Thus, findings of the study may not be generalizable to DV survivor mothers from other locations. All 12 participants were mothers aged 20 to 45 who were living in the same legal jurisdiction in the U.S. It is possible that DV survivor mothers residing in other geographic areas may have different experiences and perceptions of child neglect charges and court-mandated counseling. Second, the sample was a small group of 12 DV survivor mothers. It might be meaningful to explore larger groups of DV survivor mothers to obtain more insights into the experience of DV survivor mothers charged with child neglect and court-mandated to counseling.

### **Definition of Terms**

The key terms that characterize the experiences of female survivors of DV used in the present study are defined below:

**Domestic violence.** Any abusive, violent, coercive, forceful, or threatening act or word inflicted by a male partner on a female partner in an intimate relationship. Thus, in the present study, DV constitutes the male partner's use of physical violence, psychological, sexual, and economic abuse to maintain power and control over the female partner in an intimate relationship. It consists of acts such as pushing, grabbing, slapping, throwing objects, sexual assault, false imprisonment, lack of access to finance, humiliation, and name calling (Duluth Model, 1980).

**Child neglect.** Generally, child neglect is associated with failure to provide adequate emotional and physical care for a child. Child neglect is defined as "harm or

threatened harm to a child's health or welfare by a parent, legal guardian, or any other person responsible for the child's health or welfare" (Department of Human Services, 1975, Act 238). In the context of the present study, child neglect is conceptualized as the placing of a child at an unreasonable risk to the child's health or welfare due to exposure to DV.

**Failure to protect.** Failure to protect refers to parents' inability to protect their children from exposure to violence in the home. This implies a mother's knowingly allowing a person to abuse her child without taking appropriate measure to stop the abuse or prevent it from recurring, if it is within her capacity to do so (Greenbook, 2006).

**Co-occurrence of domestic violence and child neglect.** Refers to DV against the mother happening at the same time as or in connection with child neglect (Greenbook, 2006).

**Department of children and family services (DCF).** DCF is a quasi-criminal institution. It is more administrative and poised to protect children. DCF as child protective agent is authorized to remove a child from a parent they deem unfit or from a situation they deem dangerous to the child. The Department of Children and Families become the surrogate parents until the parents can resume their parental responsibilities. Until a fitness hearing is held, parents may get supervised visits. Representatives from the DCF will check the home; make sure the parent is drug free; can cook, clean, and discipline a child; and has a job or goes to school. They will make sure the parents attend parenting classes and demonstrate willingness and ability to care for their child. The DCF is connected with the police, and any time a

DV call is made to the police, DCF automatically gets informed (Tuner & Infinity Law Center, 2011).

**Court.** The DV survivor mothers in this study had to appear in both criminal and dependency courts. In criminal court, offenses are punished through the taking away of liberty and property. In dependency court judges determine whether children need to become wards of the state until parents are fit to care for a child again (Tuner et al. 2011).

### **Summary**

Chapter 1 presents the nature and scope of the research problem, the rationale for the study, justification for the study, benefits of the study, origins of the researcher's interest in the topic, the theoretical framework guiding the study, the research design, the research question, delimitations and limitations of the study, definition of terms, and chapter summary. Multiple national surveys and empirical research studies indicate DV is a serious national problem. Existing studies reveal an overlap between DV and child neglect, as well as a trend of removing children from their mother-female survivor of DV for exposing their children to DV. A review of the literature reveals a dearth of studies about female survivors of DV charged with child neglect and court-mandated to attend counseling. The feminist theory and perspective on DV is used as the lens through which to explore these women's experiences and perspectives about being charged with child neglect and being court-mandated to attend counseling. Because of the nature of the research problem, a qualitative research design with phenomenological inquiry lens was used.

The remaining dissertation is organized as follows. Chapter 2 provides a review of the literature on studies relevant to the research problem, in order to highlight DV as a social problem and identify gaps in the literature, therefore supporting the rationale for the study. In Chapter 3, the research method for the study is described in detail. In Chapter 4, findings of the study are presented, and in Chapter 5 the findings are discussed in relation to relevant research summarized in the literature review. Implications for how the legal-judicial system and counselors intervene in DV cases are discussed. In addition, recommendations are made for future research on effective counseling techniques that can be applied when working with DV survivors.

## **CHAPTER II: REVIEW OF THE LITERATURE**

In this chapter, a review of the literature related to the phenomenon of domestic violence is provided. The aim is to give a global overview of DV against women and highlight the socio-cultural factors which have contributed to it. The review covers the history of DV in the U.S., its prevalence, DV as a social problem, and the effects of DV on women and children. Also reviewed are empirical studies concerning DV against women in the U.S. with particular attention to legal-judicial- and mental-health system responses to DV, and to studies on the co-occurrence of DV and child neglect.

### **Domestic Violence in the U.S.**

To provide a better understanding of the phenomenon of female survivors of DV whose experiences are compounded with charges of child neglect and who are court-mandated to seek counseling, this researcher has included a historical account of the social and cultural conditions that produced tolerance to DV against women. The account shows how traditions, state laws, and the Church may have directly or indirectly facilitated and, actually, contributed to the hierarchical relationship between husband and wife, children and parents, and individuals placed in a position of authority over others.

The origins of DV against women go back as far as recorded history and are rooted in patriarchal attitudes (Gelles & Cornell, 1985). Historical records show that men have battered women in intimate relationships since ancient times (Erez, 2002). The use of physical force to subdue wives has been legally sanctioned across a wide variety of cultures, including the U.S. An example of this was the “rule of thumb”

which allowed a husband to hit his wife with a stick no larger than the width of his thumb (Gelles & Cornell, 1985). The root of laws that countenance DV in the U.S. can be linked to the transportation of English Law to the British colonies in the U.S. (Buzawa & Buzawa, 2003). English Law provided husbands the right to chastise their wives with a stick not bigger than their thumb, and declared that a husband cannot apologize for raping his wife because once she has given her sexual consent in marriage, she cannot retract it (Muehlenhard & Kimes, 1999). This English Law transported ad hoc to the British colonies in the U. S. promoted male-dominated structure in family relationships practices of early U. S. (Buzawa, & Buzawa, 2003), promoted subjugation of women, and consequently DV in the U.S. family relationships structure (Lentz, 1999). The earliest laws in the U. S. thus affirmed a male-dominated structure in family relationship practices (Buzawa & Buzawa, 2003).

### **Nineteenth Century and Prior**

Patriarchal traditions in the nuclear family, state laws, the Church, and literal interpretation of Scripture appear to promote male domination and, consequently, DV against women (Anderson & Zinsser, 1989; Buzawa & Buzawa, 2003; Dobash & Dobash, 1979; Glenn, 1984; Lentz, 1999).

**Relationships in families.** Schechter (1982) suggested that DV can only be understood by studying the social and historical relationships in families. Earliest records show that most societies were patriarchal (Erez, 2002). However, over the years the responsibility to guide and care has been translated into a husband's duty to use force against women and children (Buzawa & Buzawa, 2003). In the 19th century and before, domestic values were based on a patriarchal system—institutional rule by



men. The husband was seen as superior to others in the house. A wife was viewed as the property of her husband. It was considered a husband's duty to protect his wife, hence he had the right to control her behavior. This authority also allowed him to use violence, if necessary, to keep her under his control (Buzawa & Buzawa, 2003; Erez, 2002; Glenn, 1984). Acceptance of these beliefs or values created social tolerance of DV.

**State laws.** In state law, women were treated as property (Dobash & Dobash, 1979). Most states enforced a common law, which gave a husband the legal right to control his wife and all her possessions. This meant that, upon marriage, a woman lost legal control over any inheritance and over herself (Anderson & Zinsser, 1989; Buzawa & Buzawa, 2003; Glenn, 1984; Lentz, 1999). In addition, during this era, there was no legal protection for women against DV.

Nineteenth century laws were oppressive to women. Married women did not have independent legal status. Women were restricted in their ability to enter into a contract, to own and manage property, and to sue or be sued (Lentz, 1999). Obtaining a divorce, based on a charge of marital cruelty, was extremely difficult. The violence had to be life threatening before the courts would consider granting a divorce. Moreover, not all instances of physical violence were considered abuse. The violence had to be severe and meet the courts' standards of legal brutality to merit legal attention and intervention. According to the law, the abuse had to be habitual, life threatening, and could not have been provoked by the wife's perceived misbehavior (Glenn, 1984).

A wife's subjugation by her husband was reflected in both state and church marriage contracts (Anderson & Zinsser, 1989; Glenn, 1984). In a traditional wedding ceremony, the bride was required to love, honor and *obey* her husband, while the groom was required only to love, honor, and *cherish* his wife. Further, through the marriage contract, the wife is expected to give up her name, move to her husband's home, and become his dependent. Embedded in the marriage contract were restrictions on the wife that made the wife economically and legally dependent on her husband (Lentz, 1999). Consequently, whatever took place between wife and husband was regarded as a private matter and was not considered a concern of the legal system.

**Sociocultural and religious variables contributing to DV.** The Church has been accused of promoting religious-based subordination of women. The Church, during the 19th century and before, has covertly mirrored and affirmed a male-dominated family structure. Buzawa and Buzawa (2003) argue that some biblical myths about women tend to promote women's subjugation. In Christianity, for instance, a literal reading of many passages in the Scripture promulgate the concept of woman as subservient to man and justify men's primacy and their right to exercise authority over women. For example, Genesis 2:22 (New American Bible, 1970) says, "The Lord God then built up into a woman the rib that he had taken from the man." A literal interpretation of this passage might conclude that women were created as an afterthought and occupy a secondary position in the order of creation. Ephesians 5:22-23 states, "Wives be subject to your husbands as you are to the Lord. For the

husband is the head of the wife just as Christ is the head of the Church.” And Numbers 5:29–31 says,

This, then, is the law for jealousy: When a woman goes astray while under the authority of her husband and acts impurely or when such a feeling of jealousy comes over a man that he becomes suspicious of his wife, he shall have her stand before the Lord, and the priest shall apply this law in full to her. The man shall be free from guilt, but the woman shall bear such guilt as she may have.

These biblical passages and others like them seem to eloquently affirm that women are subordinate to men. Other Christian writings also seem to espouse the rule of men. For example, in the fifth century, St. Augustine’s writing on the respective duties of men and women affirms the concept of male dominance as a duty. St. Augustine, as cited in Lentz (1999) wrote:

For “domestic peace” it was necessary that they who care for the rest rule—the husband, the wife; the parents, the children; the masters, the servants; and they who are cared for -- obey—the women [obey] their husbands, the children [obey] their parents, the servants [obey] their masters. In this Christian family and household, rule was not for a love of power but from a “sense of duty.” According to Augustine, “if any member of the family interrupts the domestic peace by disobedience, he is corrected either by word or blow, or some kind of just and legitimate punishment, such as society permits (p. 11).

Glenn (1984) suggested that during the 19th century, biblical quotes were often used to manipulate women into accepting their subservient cultural position and resisting efforts to change their condition..

Nineteenth-century religious beliefs reflected a patriarchal mentality, and, accordingly, encouraged women's subordination in the household. Thus, religion and patriarchy together promoted the patriarchal family structure and, therefore, contributed to DV. Today, this mentality still operates covertly. In fact, some wife abusers often quote the Scripture to justify their battering. For instance, in one of this researcher's counseling experiences with a Christian couple who were receiving marital counseling, the husband, in one of the sessions, boldly asked her in front of his wife to tell her to obey him as the Scripture said and cited Ephesians 5:22–23 to support his argument. While the Scripture does not need to be rewritten, this, however, does not negate the traditional Jewish cultural context that devalued women at the time the inspired authors wrote the Scripture. In essence, the 19th century patriarchal system and the dominant religious beliefs of the time espoused men's supremacy. Within the patriarchal mentality, the wife was without independent legal status and, generally, was outside the protection of the law (Lentz, 1999). Consequently, many DV survivors stayed in their abusive situations due to their lack of job skills because they felt dependent on their partners for survival (Hammerton, 1992).

### **Twentieth Century/Modern Era**

From the twentieth century until now, DV has been characterized as an unacceptable social problem. In the 1960s, the Women's Liberation Movement began drawing attention to violence committed against women. During this era, society made important gains in addressing the problem of DV in many areas, including service delivery to DV survivors. In recent times, women have been given much more

legal protection against domestic assault than before (Buzawa & Buzawa, 2003; Lentz, 1999).

**Relationships in families.** The modern era has witnessed egalitarian family relationships. Imbalance of power within the home has begun to give way to equality, and violence in households is strongly condemned (Nolte, 2002). Justice in spousal relationships is promoted by fostering ethical beliefs about equality, freedom, respect, fairness, and caring in families (Jory & Anderson, 2000). Family relationships are leaning toward more egalitarian marriages, based on full citizenship, voting rights, and equal educational opportunities for women and men (Krolokke & Sorensen, 2006). Married couples now legally share property. Nevertheless, many traditional gender assumptions persist.

**State laws.** Toward the end of the 19th century, a shift occurred regarding DV in the U.S. (Erez, 2002). This era witnessed consistent efforts to confront and possibly eradicate DV. In the 1970s, DV was defined as a crime, justifying intervention by the state (Erez, 2002). The Supreme Court of Alabama was the first U.S. appellate court to explicitly annul common law rights of a husband to beat his wife, stating that:

The privilege, ancient though it may be, to beat [one's wife] with a stick, to pull her hair, choke her, spit in her face or kick her about the floor, or to inflict upon her life indignities, is not now acknowledged by our law.... In person, the wife is entitled to the same protection of the law that the husband can invoke to himself. (Hart, 1992, p. 22).

In most states, married women obtained the right to contract, to manage and own personal property, and to sue and be sued (Krolokke & Sorensen, 2006; Lentz,

1999). The right of the husband to chastise his wife was abolished and criminalized. Today, society's official response to DV has dramatically changed. Many states have adopted family violence statutes, and the federal government adopted the Violence Against Women Act in the 1990s. In 1994, under the Victims of Crime Act, the Violence Against Women Act was passed. This law stated that a gender-motivated crime is considered a violation of women's civil rights and that the victim has a legal right to sue the perpetrator. The Act also makes restraining orders valid across state lines and, therefore, prohibits interstate abuse or stalking of a victim (Summers & Hoffman, 2002). In order to further protect DV victims, the violence prevention law prohibits convicted DV offenders from buying handguns. In addition, almost all states are now enforcing mandatory arrest laws. The laws require the police to arrest someone while responding to a DV call when there is a probable cause of assault (Summers & Hoffman, 2002). This statute has toughened the stance against perpetrators of DV and has mandated treatment for batterers as well as survivors of DV.

**Sociopolitical DV issues.** Activism, initiated by DV advocacy groups and feminist groups, has led to a better understanding of the scope and effect of DV on victims (Erez, 2002). Public debates questioning the rule of men and the legal status of women began long ago, around 1848 with feminist movement and continues to progress. Laws now punish the perpetrator and help protect the victim from further violence. Police now respond to complaints of spousal abuse. Today, women have protective rights within the law. Laws consider husbands to be also capable of raping or physically assaulting their wives. Several states have liberalized their divorce laws.

Consequently, many women can now obtain a divorce based on marital cruelty. Survivors of DV have gained the right to escape their spouse's violent control (Glenn, 1984).

Today, in most states, the status of DV, awareness of DV, and the quality of available protection from abuse have changed dramatically; women now have legal escape and recourse. However, millions of women still suffer from DV each year. Despite increased awareness of DV, many women still struggle with its circumstances that prevent them from leaving their violent situations and that subject them to further abuse or possible death (e.g., lack of appropriate shelter for themselves and their children and lack of financial security (Raphael, 2000). Although U. S. society no longer gives men the right to control their wives, remnants of the 19th century patriarchal view of society still exist. Some men today believe that they are the superior person in the household and exercise the right to control their partners, even with violence. Nolte (2002) notes that DV has shifted from a problem resulting from social standards in the 19th century to one based on personal values of human rights. In contemporary U. S. society, women are no longer limited by society's patriarchal views. As a result, factors contributing to DV are now based more on personal, rather than social, standards and situations.

**Church discourse on DV.** Similarly, the Church has begun to address the subjugation of women. In Christianity, a shift has occurred regarding couple relationships. Although much has been done in both the secular and religious spheres to address couple relationships, for example, through the rewriting and re-interpreting of Scriptural passages, and written and oral traditional tolerance of female

subjugation of still persist, and more work needs to be done in this area. For instance, in June 1998 the Southern Baptist Convention, the largest Protestant denomination in the U.S., changed their declaration of beliefs regarding marriage as follows:

A husband is to love his wife as Christ loved the Church. He has the God-given responsibility to provide for, to protect, and to lead his family. A wife is to submit herself graciously to the servant leadership of her husband even as the Church willingly submits to the headship of Christ (Campbell, 1999).

While leaders of the Southern Baptist Church claimed that the statement regarding marriage is a simple rewriting of a passage from the Bible (Eph 5:22–23), some critics view this statement on husbands and wives as an affront to women and a way to limit the role of women in the Church. Others view it as total negation of 2,000 years of evolution of faith and the roles into which people have grown (Campbell, 1999).

The Catholic Church has a varying view regarding couple relationships and the issue of equality in marriage. In 1994, the National Conference of Catholic Bishops issued a pastoral letter that acknowledged differing marital roles but emphasized the importance of mutual submission and mutuality in marriage. With this pastoral letter, the National Catholic Bishops proposed mutual submission—not dominance by either partner as the key to genuine joy and relationship. In their view mutuality is about sharing power and exercising responsibility for a purpose larger than ourselves. Furthermore, it is suggested that the distribution of household duties should follow from an understanding of what it takes to build a life together, as well



as the individual skills and interests husband and wife brings to their common life (United States Catholic Bishops, 1994).

In recent times, the suppression of women by many religions of the world has increasingly gained attention. In the modern day Christian church, women are no longer limited by patriarchal views and religious beliefs that encouraged women's subordination in the Church and in couple relationships. A greater involvement of women in the Church is becoming, at least, a theoretical possibility. At the theoretical level is the awareness that the shift has occurred; even if its implications have not fully been realized, it is slowly penetrating the culture of the Church. Feminism and evolving church views have both been instrumental in altering public perceptions of DV and in bringing out public policy changes that have enhanced the position of women in society.

### **Empirical Review**

This study is geared toward exploring the experience of DV survivor mothers charged with child neglect and mandated by the courts to receive counseling. Only aspects of literature directly related to the research problem were reviewed. Accordingly, the studies in this empirical review address the prevalence of DV, DV as a social problem, legal and mental health responses to DV, and the effects of DV on women and children; studies on the co-occurrence of DV with child neglect are included.

### **The Prevalence of Domestic Violence**

The prevalence of DV among intimate partners in the U. S. is high, though such reports present widely ranging estimates of just how prevalent it is (Rennison &

Welchans, 2000; Tjaden & Thoennes, 2000, 2006). Approximately 3 million people in households in the United States experience at least one DV episode annually (Tjaden & Thoennes, 2000). The National Violence Against Women Survey (NVAWS, 2006), on the extent, nature, and consequences of rape victimization showed that more than 300,000 women and almost 93,000 men are raped annually. The study found that 17.6% of surveyed women and 3% of surveyed men reported being raped at some point in their lifetime (Tjaden & Thoennes, 2006). Federal Bureau of Investigation (FBI) Crime statistics from 2007 showed that every minute 1.3 adult women were raped (FBI, 2007). In a 1995–1996 study conducted in the 50 states and the District of Columbia which was based on a survey of 16,000 participants (with roughly equal representation of males and females), nearly 25% of women and 7.6% of men reported being raped and/or physically assaulted by a current or former spouse, cohabiting partner, or dating partner/acquaintance at some time in their lifetime (Tjaden & Thoennes, 2000).

Crime records from the U. S. Department of Justice, the National Institute of Justice, and the Centers for Disease Control and Prevention collected from the NVAWS in 2000 recorded 1.3 million incidents of physical assault on females and 835,000 incidents of physical assault on males by an intimate partner in the U.S. Findings from the study show that women experience more intimate partner violence than men. According to this study, 22.1% of surveyed women, compared with 7.4 % of surveyed men, reported being physically assaulted by a current or former spouse, cohabiting partner, boyfriend or girlfriend, or date in their lifetime; 1.3% of surveyed women and 0.9-% of surveyed men reported experiencing such violence in the

previous 12 months. In addition, the study revealed that 39% of female physical assault victims, compared with 24.8% of male physical assault victims, reported being injured during their most recent physical assault (Tjaden & Thoennes, 2000). Nearly one-third of U. S. women reported being physically or sexually abused by a husband or boyfriend at some point in her life. The U.S. Department of Justice (1998) noted that women are five to eight times likelier than men to be victimized by an intimate partner. Data from the Federal Bureau of Investigation's Supplementary Homicide Reports from 1976 through 1998 indicated that women are much more likely than men to be murdered by an intimate partner (Rennison & Welchans, 2000).

Further, more than half the female survivors of DV live in households with underage children (U.S. Department of Justice, 1998). Approximately 3.3 million children witness some form of DV annually. Children are abused in one third of families where mother abuse occurs (Carlson, 1984). Graham-Bermann & Edleson (2001), in their review of over 36 major studies on DV in the lives of children, indicated that approximately 30% to 60% of children whose mothers are being abused are themselves likely to be abused and neglected. Accordingly, in intimate heterosexual relationships in which violence is occurring, the primary aggressors are typically men, and the victims are typically women (Pence & Paymar, 1993). This data shed light on the prevalence of DV and portrayed the view that battering is not a gender-neutral issue.

### **Domestic Violence as a Social Problem**

Domestic violence is widely known to have harmful physical and mental health effects on its victims and detrimental effects on work productivity (Robbins,

2003). Domestic violence affects more than 32 million Americans each year (Tjaden & Thoennes, 2000), with more than 2 million injuries and claims, and approximately 1,300 deaths (Longley, 2010). Annually in the U.S., 503,485 women are stalked by an intimate partner (Tjaden & Thoennes, 2000). Approximately 40% to 50% of female victims are physically injured when assaulted by their intimate partners (Greenfield & Snell, 1999; Tjaden & Thoennes, 1999), accounting for over 200,000 emergency room hospital visits (Rand & Storm, 1997).

According to the U.S. Department of Justice, between 1998 and 2002, of the almost 3.5 million violent crimes committed against family members, 49% were crimes against spouses. Eighty-four percent of spouse abuse victims were female, and 86% of victims of dating partner abuse were female; males comprised 83% of spouse murderers and 75% of dating partner murderers. Furthermore, 50% of offenders in state prisons for spousal abuse had killed their victims. Wives were more likely than husbands to be killed by their spouses. In 2000, 1,247 women were killed by an intimate partner, while 440 men were killed by an intimate partner. Statistical crime records for 2001 indicated that women accounted for 85% (588,490) of the survivors of intimate partner violence against 15% (103,220) among men. Further, statistical crime records showed that 1,247 women and 440 men were killed by an intimate partner (Bureau of Justice Statistics Crime, 2005). In 2005, DV accounted for 9% of all violent crimes. Statistics indicated that 389,100 women and 78,180 men were victimized by their intimate partners, and that 191,670 victims reported sexual assaults and rapes by their partners (Catalano, 2006).

Reported findings on the prevalence of DV reveal that intimate partner violence killed approximately 33% of female murder victims and 4% of male murder victims (Rennison, 2001). Campbell et al. (2003) found that intimate partner homicides make up 40% to 50% of all murders of women in the U.S. In about 70% to 80% of the cases, the man physically abused the woman before the murder.

Domestic violence is the primary source of grave injury to women between ages 15 and 44 in the U.S., more than muggings and car accidents combined (FBI, Uniform Crime Report, 1991). Data from the FBI's 1991 Uniform Crime Report and analysis by the University of Colorado's Center for the Study and Prevention of Violence show that 42% of murdered women are killed by their intimate partners.

A 2003 Centers for Disease Control (CDC) study found that DV against women resulted in more emergency room visits and inpatient hospitalizations, including greater use of physician services, than did DV in which men were the victims. The study revealed that the average combined cost of medical treatment for female victims of DV was \$483 per incident, compared to \$83 for male victims. Mental health services costs for women were \$207 compared to \$80 for men, while productivity losses were \$257 for women and \$224 for men per year. It is estimated that costs associated with DV exceed 5.8 billion each year (Centers for Disease Control, 2003). According to the CDC (2003), the annual direct health care costs associated with DV were estimated to be around \$4.1 billion; the report put at \$900 million the costs associated with lost productivity stemming from absenteeism due to injuries caused by DV. It is estimated that DV costs employers between \$3 billion and \$13 billion annually in productivity losses associated with injuries and death.

Further, in 2005, approximately 899,000 children were victims of child neglect (U. S. Department of Health and Human Services, 2006). The estimated direct cost of child abuse and neglect in the U.S. totals more than \$24 billion annually (Fromm, 2001). The plague of DV continues to cause suffering for millions of women, children, and men in the U. S. This data is disturbing and suggests that intimate partner violence is a serious criminal offense and public health concern.

### **The Effects of DV on Women and Children**

Domestic violence poses a critical public health problem that has overwhelming physical and emotional consequences for women, children, families, and society (Rand & Storm, 1997; Tjaden & Thoennes, 1999). Growing up in a violent home may be a traumatic experience that can affect every aspect of a child's life. Children who are exposed to family violence suffer symptoms of posttraumatic stress disorder such as bed-wetting (Graham-Bermann, 2001).

**Effects of DV on women.** DV has been found to result in high rates of medical complaints and psychological problems, including posttraumatic disorder for female survivors (Buzawa & Buzawa, 2003). A number of studies (Buzawa & Buzawa, 2003; Helfrich, Fujiura, & Rutkowski-Kmitta, 2008; Jacobson & Gottman, 1998; Walker, 2000) show that women who have been victimized by an intimate partner are at significantly higher risk for psychiatric problems, including depression, anxiety, and posttraumatic stress disorder. The severity of PTSD symptoms has been linked to both the harshness and frequency of abuse (Jacobson & Gottman, 1998; Walker, 2000).

Walker (2000) suggested that women who suffer abuse at the hands of their partner, as an after effect, often experience physical and mental health complications. Helfrich, et al. (2008) noted that many women survivors of DV endure physical and mental symptoms that impair their ability to function. These women experience increased levels of depression, lower self-esteem, and higher levels of psychological distress when compared with non-battered women. Abused women have rates of depression, suicide, and posttraumatic stress disorder that are greater than those found in the general population of women (Golding, 1999; Lundy & Grossman, 2001; Walker, 2000). Many abused women suffer mild to severe versions of PTSD which affects their parenting and impairs their problem-solving abilities (Jacobson & Gottman, 1998). Tolman & Rosen (2001) noted that the prevalence of any mental health disorder among abused women is estimated at 58.9%, more than twice that of the general population (22.1%). Findings from Tolman & Rosen (2001) reveal that DV can also interfere with women's employment and education.

**Effects of DV on children.** Although women are the most obvious victims of DV, it has become increasingly clear that DV also has an impact on children. Parents who are abusive to one another are at higher risk of physically abusing their children (Straus, 1992). Children's exposure to DV has been identified as having an array of adverse effects on their physical, emotional, and behavioral adjustment as well as in school performance. A large body of literature has shown that children's exposure to DV in the home has a deleterious effect on their emotional and behavioral development (Carlson, 1990; Edleson, 1999; Herman, 2001). Much of the literature suggests that children who witness DV repeatedly are significantly more likely to

have problems in one or more of the following areas of functioning: (a) behavioral, (b) emotional, (c) social, (d) cognitive, and (e) physical. These encompass problems with sleeping, eating, other basic bodily functions, depression, aggressiveness, anxiety, other problems in regulating emotions, difficulties with family and peer relationships, and problems with attention, concentration, and school performance (Carlson, 1990; Edleson, 1999b; Graham-Bermann, 2001).

It has been suggested that children's exposure to DV places them at risk for (a) lower social competence (Edleson, 1999), (b) deficits in cognitive functioning (Wolfe, Crooks, Lee, McIntyre, & Jaffe, 2003), and (c) a higher tendency to use violence in relationships (Carlson, 1990). Edleson (1999) also noted a variety of behavioral, emotional, and cognitive-functioning problems among children who were exposed to DV. Graham-Bermann (2001) also found that approximately half of children who are repeatedly exposed to DV have emotional and behavioral problems. Holt, Buckley, and Whelan (2008) reviewed studies published between 1995 and 2006 on intimate partner violence, child exposure, and witnessing of DV. Their study indicated that children and adolescents living with DV are at increased risk of experiencing emotional, physical and sexual abuse; developing emotional and behavioral problems; and of having other adversities in their lives. Holt et al. (2008) also noted that children may be significantly affected by living with domestic violence. Their study suggested that timely, appropriate, and individually tailored responses need to build on the resilient blocks in the child's life.

A meta-analysis of studies on the effect of children's exposure to violence by Wolfe et al. (2003) found that children's developmental outcomes, including social,



emotional, behavioral, cognitive, and general health functioning, are compromised by exposure to DV. Children's witness of DV during childhood has effects on their adult functioning. Such children are also at risk for repeating their experience in the next generation, either as victims or perpetrators (Faller, 2003).

According to Laszloffy (2007), DV leaves children with emotional scars which include an aversion to stability, orientation toward shame and secrecy, and difficult relationships with authority. Boys who are exposed to DV are likely to become abusers as adults while girls witnessing their mothers being abused increase their tolerance for abuse in intimate adult relationships. Children who are exposed to DV often evidence difficulties including maladjusted behavior as adults. Horwitz & Skiff (2007) suggest that children exposed to DV learn to view violence as an acceptable way to express frustration, fear, and retaliation. According to Edleson (1999), a child's exposure a father's abuse of a mother is the strongest risk factor for the transmission of violence from one generation to the next.

### **The Feminist Movement**

The feminist movement in the U. S. emerged around the 1840s with focus on the promotion of women's rights, including the right to vote, the Equal Rights Amendment, temperance, antislavery movement, and other issues (Lentz, 1999). The feminist movement has given us what we have today as feminist theory and the feminist perspective on DV. In the U. S., the foremost women activists and leaders of the feminist movement included Elizabeth Cady Stanton and Susan B. Anthony. The feminist movement came in three waves and viewed women's condition as a social construction rooted in gender inequality (Krolokke & Sorensen, 2006).

The first wave refers to feminist activity from the 19th century through the early 20th century. In the U. S., this movement focused on fighting absolute rights such as suffrage, and social and cultural inequalities. First-wave feminism focused on obtaining legal and political status for women. Stanton in 1854 advocated for women's equality in the marital relationship (Lentz, 1999). The passage of the 19th Amendment to the U. S. Constitution in 1919, which granted women the right to vote, marked the end of the first wave (Freedman, 2003). The first-wave feminists not only demanded the rights to vote, but also fought for massive reforms in the area of property rights, labor, education, divorce laws, and inhumane practices of rape and the abuse of women and children by husbands and fathers (Krolokke & Sorensen, 2006).

The second wave began in the early 1960s, with Betty Friedan, Kate Millet, and Gloria Steinem among the most influential women of that time. This wave lasted through the late 1980s. As women became better educated and were more fully accepted as participants in the larger society, second-wave feminism focused on expanding women's economic power. Building on the accomplishments of those who came before them, this second wave made gains in the areas of economic and social equality. It proposed that cultural and political inequalities are inextricably linked and interwoven. Consequently, the second wave conceptualized women's personal lives as being deeply politicized and reflective of a sexist structure of power. However, the second-wave was criticized for over-emphasizing the experiences of upper middle class white women.

The third wave of feminism began in the early 1990s. The third wave can be viewed as a reaction to the positions and unfinished work of the second wave. The third wave is a plural and multifaceted movement, comprising people of many ethnic and class identities, experiences, and interests (Krolokke, 2006). The third wave centered on women's experience of inequality at different levels and focused on combating sexism by "standing sexist symbols on their heads," to fighting patriarchy with irony, to answering violence with stories of survival, and to overturning continued exclusion with grassroots activism and radical democracy (Brunell, 2007). The third wave promoted the view of gender as existing along a continuum. Each person is not simply male or female, but rather an embodiment of a full range of traits commonly associated with males or females.

Influenced by the postmodernist movement in academia, third-wave feminists sought to question, reclaim, and redefine the ideas, words, and media that have transmitted ideas about womanhood, gender, sexuality, femininity, and masculinity, among other things. For third-wave feminists, therefore, sexual liberation, a major goal of second-wave feminism, was expanded to mean a process of first becoming conscious of the ways one's gender identity and sexuality have been shaped by society and then intentionally constructing (and becoming free to express) one's authentic gender identity.

The theoretical underpinning of the feminist movement is the belief in social, economic, and political equality of the sexes. Accordingly, first-wave feminist reformers in the U.S. sought changes in many aspects of women's lives and challenged male entitlement and privilege as well as the traditional notion that DV is

a private family matter. The feminist movement provided the primary impetus for social and legal change and focused on fighting against absolute rights such as suffrage, social, and cultural inequalities. Further, the feminist movement raised awareness of DV, strengthened social scientific understanding of female abuse, and helped curb the problem (Straka & Montminy, 2006). Feminist advocacy pressed hard for the criminalization of DV, challenging police unresponsiveness to DV incidents. Domestic violence against women was first confronted by feminist reformers (Lentz, 1999). For instance, in 1854, Elizabeth Candy Stanton stood before the New York state legislature to demand justice for women. Stanton, advocating for women's equality in the marital relationship, argued against the husband's right to correct his wife, to whip his wife with a rod not larger than his thumb, to shut her up in a room, and administer whatever moderate chastisement he may deem necessary to ensure obedience to his wishes (Lentz, 1999).

### **Responses to Domestic Violence**

DV was first confronted largely through advocacy in the women's movement and then through a combined effort between law enforcement agencies, the courts, social services, and corrections agencies (Buzawa & Buzawa, 2003; Erez, 2002; Ferraro, 1989; Lentz, 1999). The role of each institution has evolved as DV has been brought more into public view. The first responses to DV originated from the consistent efforts of women to help and support others through the development of DV shelters and political and social advocacy (Bloom, 2008; Ferraro, 1989).

A systematic response to the eradication of DV did not materialize until the late 1970s (Johnson, 2007). Prior to the 1970s, the dominant societal response to DV

was a de facto hands-off policy by police, courts, families, and social agencies (Dobash & Dobash, 1979; Gordon, 1988; Schneider, 2000). During the 1970s, state legislatures came to perceive DV as a serious issue worthy of public response (Buzawa & Buzawa, 2003). When the feminist and advocacy groups succeeded in placing awareness of DV against women on the political, social, and legal agendas in the U.S., DV took its place on the national agenda as a serious problem requiring legal intervention. Subsequently, social and legal reform began to occur (Pence, 2001).

### **Legal-Judicial System Response to Domestic Violence**

The Massachusetts Body of Laws and Liberties were the first laws that expressly made DV illegal by stating that “every married woman shall be free from bodily correction or strikes by her husband, unless it be in his own defense upon her assault” (as cited in Pleck, 1987, pp. 21–22). At the initial criminalization of DV, legal intervention was minimal; serious law enforcement was not initiated until the latter part of the twentieth century. The effort by the feminist movement to fight DV against women was then followed by government legal interventions, namely, the criminalization of DV. The government did this through the passage and enforcement of criminal and civil laws (Danis, 2003; Fagan, 1996; Ferraro, 1989). According to Ferraro (1989), in the early 1980s, state legislatures throughout the U. S. passed laws that required the police to arrest batterers. Further, in 1994, the National Violence Against Women Act (NVAWA), the first comprehensive legislation to address DV, was signed into law by President William Clinton. This was a significant milestone in the nation’s effort to tackle DV as a serious problem. The act was renewed in 2000

and in 2005 by President George W. Bush, with additional provisions for the protection of battered women, including battered immigrant women (DeJong, 2008).

**The Police response.** To combat DV against women in the U.S., the criminal justice system placed the police as gatekeepers. The police resorted to mediation or couple separation, at the beginning, then progressed to pro-arrest and making arrests (Buzawa & Buzawa, 2003; Enrique, Fernando, & Marisol, 2008; Ferraro, 1989). Hartman & Belknap (2003) characterized police response attitude to DV by indifference (unresponsiveness), leniency, and victim-blaming.

Police response to DV can be organized into three major categories: mediation policies, pro-arrest policies, and mandatory arrest policies (Enrique, Fernando, & Marisol, 2008). Mediation policies refer to police responding to DV calls as mediators or peacemakers, offering advice and maintaining presence until the offender calms down. Pro-arrest policies refer to policies that give officers the discretion to arrest or not to arrest in any DV incidence. Mandatory arrests policies promote making arrests at any probable DV incidence. The police are the gatekeepers to the criminal justice system. Subsequent DV legal interventions hinge on the attitudes of police toward DV and their discretions to make arrests (Buzawa & Buzawa, 2003). Accordingly, the attitudes and behaviors of police who hold authority to refer, arrest, and investigate have a strong impact on women's experiences of the legal system because they influence battered women's access to other parts of the criminal justice system and various social service agencies (Hartman & Belknap, 2003).

Jordan's (2004) review of police response to DV indicated that police have historically been reluctant to arrest DV offenders even when the incident involved physical injuries to the victim. This reluctance has been attributed to a combination of factors, including traditional values of family privacy, the perception that DV is inappropriate as police work, and the perception of danger in responding to DV calls (Buzawa & Buzawa, 2003; Ferraro, 1989). Vigorous criminal justice response to DV did not take effect until the late 1970s. Hirschel, Hutchison, Dean, and Mills (1992) suggested that some of the issues that influenced police officers' attitudes toward DV calls arose from their perceptions of the danger posed by such calls and from their fear of being sued in civil court for false arrest of an alleged offender. Straus (1980) also found that police reluctance to respond to DV calls, in part, stemmed from the legal system's prevailing view that DV is private matter, a family affair.

Historically, DV has been viewed as a private family matter that need not involve criminal justice intervention. The perception of DV as a private matter hampered any formal response to DV situations in the form of arrest (Johnson, 2007; Klinger, 1995). In addition, in the law enforcement culture, DV intervention was not perceived as "real" police work. It was viewed as unglamorous and unrewarding (Buzawa & Buzawa, 2003). Domestic violence calls were often assigned as low priority by the police. Hannah-Moffat (1995) noted, for example, that many police officers tend to avoid DV situations, view DV as a nonlegal problem, and judge most abused women to be uncooperative, weak, and unreliable. Similarly, Stephens and Sienden (2000) found that police officers often minimized DV situations and doubted the victim. In Erez and Belknap's (1998) study, half of the women participants felt

that the police were inclined to side with the male perpetrator. As a result, battered women and their advocates pressured the criminal justice system to take DV more seriously. Consequently, the police made arrests, district attorneys prosecuted, and judges were faced with increased numbers of DV cases to adjudicate (Kivel, 2007).

The typical police response to DV call disturbances was mediation. Police officers often chose to counsel the couple or separate them by asking one of the parties to leave the residence for a time (Buzawa & Buzawa, 2003; Fagan, 1996). The mediation intervention, however, was ineffective. The Attorney General's Task Force on Family Violence (U.S. Department of Justice, 1984) found problems in the mediation approach, and suggested that the process of mediation suggested some seed of equality of responsibility between the parties involved in DV. In the view of the Task Force, the assumption of equal responsibility does not hold the offender accountable for his actions and gives him no incentive to reform. Hence, instead of helping to stop the violence and providing protection for the victim, mediation may inadvertently contribute to a dangerous escalation of violence (U.S. Department of Justice, 1984). These concerns about mediation response by the police, coupled with arguments that women victims' rights were violated by the failure of police enforcement, produced demands for the arrest of abusers as the appropriate response to DV (Hirschel et al., 1992).

Feminists protested that the legal intervention approach used by the police officers failed to provide women with equal protection of the law and led to the implementation of pro-arrest and mandatory arrest policies (Johnson, 2007). The pro-arrest policy was introduced to encourage arrests in DV cases at the discretion of the



officers at the scene of the incident. However, the officers' use of discretion in making arrests was criticized for possible abuse of such discretion and lack of adequate knowledge of some officers to handle DV cases effectively (Buzawa & Buzawa, 2003). Pro-arrest policy was replaced with mandatory arrest policies. The mandatory arrest policy was adopted based on the belief that enactment of such policy would officers' behavior "on the street" (Buzawa & Buzawa, 2003). Mandatory arrest policies require police officers to arrest whenever probable cause exists, regardless of whether the victim wants an arrest made or not (Enrique et al., 2008). Mandatory arrest policies have been adopted for the following reasons: they (a) send a strong message that DV is a serious crime, (b) relieve the victim of having to sign an arrest warrant (unless the perpetrator is no longer at the premise when the police arrive), and (d) are assumed to have a deterrent effect on repeated acts of DV (Sherman & Berk, 1984).

The Minneapolis DV experiment is the first study testing the effectiveness of police intervention strategies on DV misdemeanor cases (Buzawa & Buzawa, 2003; Fagan, 1996; Hirschel et al., 1992). The Minneapolis experiment, conducted by Sherman and Berk between 1981 and 1982, became the first study to test the preventive effect of arrest in DV cases. In this study, police were randomly assigned to arrest the suspect, order the suspect out of the house, or provide advice to the couple. Regarding re-offending against the same victim within the following six months, the study found that arrests reduced the rate by half (Sherman & Berk, 1984). Study results also showed that arrests were found to be the most effective deterrent to

DV. Consequently, many U.S. police departments responded to the study by adopting mandatory arrest policies for DV with probable cause.

Replication studies of the Minneapolis DV experiment were conducted in five different cities: Omaha, Atlanta, Colorado Springs, Dade County (Florida), and Milwaukee. However, mixed results led to the conclusion that arrests per se would not stop subsequent assaults (Schmidt & Sherman, 1993). These studies revealed that arrests do not deter batterers from repeated acts of DV. Some studies found that the deterrent effect of DV arrest was mediated by factors such as marital status and employment. Sherman et al. (1992) suggested that the arrest might increase future acts of DV for some victims who are unmarried and for those whose husbands are unemployed (Pate & Hamilton, 1992). The differences between employed and unemployed batterers may be related to their degree of stake in conformity. Pate, Hamilton, and Sampson (1991) found that employed perpetrators were less likely to engage in future acts of DV once arrested than were unemployed batterers, some of who, while unemployed, significantly increased their use of abuse in subsequent acts of DV, even after arrest. Further, indicated that serious unintended consequences can occur as a result of police interventions, including retaliation against victims by their abusers and dual arrest. Dual arrest occurs when the police at the scene of a DV incident have difficulty in determining who the victim is and who is the offender.

Ford (1991) noted that on-the-scene arrests resulted in higher levels of retaliation by DV perpetrators against victims compared with warrants for arrest based on victim complaints. Partners of enraged batterers may be less safe after an arrest than before the arrest was made (Danis, 2003). This practice of arresting both

parties and letting the courts sort it all out can be damaging to victims and their minor children. Victims who are arrested are not likely to call the police for help in the future for fear of being arrested again. Dual arrest is viewed as a disempowering intervention to female survivors of DV (Buzawa & Buzawa, 2003). Although there is no consensus among researchers and advocates regarding the effectiveness of arrest as a deterrent to DV, many states and communities have adopted mandatory arrest policies that require the police to arrest when there is probable cause to believe an assault has taken place (Danis, 2003; Miller, 1998). According to Enrique et al. (2008) mandatory arrests are made in 29% to 30% of cases in DV calls made to the police.

It is well documented that women are likelier than men to contact the police in DV incidents when they fear for their lives (Fleury, 2002; Gillis et al., 2006; Johnson, 2007; Lemon, 2000). However, research shows that often the police do not handle DV cases effectively (Johnson, 2007; Kelly, 2003). Further, Stephens & Sinden (2000) noted that police officers often minimize DV situations and doubt the victim. The attitude of police responders to DV can be characterized by indifference, leniency, and victim-blaming (Hartman & Belknap, 2003).

**Prosecutor response.** Prosecutors also play an important role in DV cases. Prosecutors determine how offenders in DV cases will advance through the legal-judicial system (Hartman & Belknap, 2003). A few studies show that court officials perceive DV as a victimless crime because of the relationship between the abuser and the victim (Dawson & Dinovitzer, 2001; Erez & Belknap, 1998; Hartman & Belknap, 2003; Landau, 2000). In addition, prosecutors may tend to view women survivors of

DV as uncooperative, and fail to provide them adequate support and information. It has been suggested that prosecutors, like police officers, often exhibit victim-blame attitudes in responding to DV. Like the police, many prosecutors consider abused women as uncooperative, weak, and unreliable. Court officials often fail to provide women with information about what they should expect from the trial process and about their rights as witnesses (Hartman & Belknap, 2003). In a study by Erez and Belknap (1998), the majority of the women participants verbalized that criminal justice officials discouraged them from proceeding with prosecution of their partner.

Gillis et al. (2006) studied systemic obstacles to DV survivors' participation in the judicial system. Twenty female survivors of DV from 21 to 54 years of age participated in the study. The study found that many women felt further traumatized by ambivalent attitudes and practices prevalent within the system meant to defend them. The study revealed dissatisfaction on the part of all participants in the study. The participants reported that they would be reluctant to involve the legal-judicial system in future DV cases. Further, the study found that most women felt intimidated by courtroom proceedings, as they had little knowledge concerning the legal-judicial system. The women expressed a strong need for more support and information from court processing personnel as well as opportunities to meet with the prosecutor prior to their first court appearance.

Koples and Sheridan (2002) examined reported appellate cases from various jurisdictions in which battered mothers did not abuse their children but were penalized for failure to protect their children from violence by their partners. Koples and Sheridan found that in many situations, mothers pose no direct danger to their

children. These authors argue that the civil and criminal sentencing of nonabusive mothers for failing to protect their children adds legal insult to the physical injuries they have already suffered.

Furthermore, Johnson and Sullivan (2008) explored battered mothers' perceptions of their interactions with child protective services workers. The aim of that study was to increase understanding the negative and positive effects that child welfare workers and police have on women's and children's lives. Twenty mothers who are survivors of DV participated in the study. The study found that most of the participants felt misunderstood and unsupported by their child protective workers. Also, they thought that this treatment from their child protective workers harmed them and their children.

There has been a shift in legal response trends to DV. Legal response has moved from reluctance to intervene on the part of police to a policy of arrests. On the part of the courts, there has been a shift from reluctance to impose significant sanctions on those convicted of DV to mandatory arrests and imposition of sanctions. Light and Russell (2006) noted that police concept of DV has changed radically from the idea that it a private family matter to as the view that it is a crime appropriate for criminal justice intervention. The criminal justice response to DV, although far from perfect, has included model police protocols, significant changes in prosecution and legal defense, as well as judicial education. Response to DV against women over time has evolved to include mental health intervention.

## **Mental Health System Response**

A review of the literature suggests that feminist movement reformers, the pioneer advocates of DV against women, did not promote mental health intervention as an appropriate response for abused women (Bloom, 2008). This omission may have been to avoid focusing on the presumed pathology of the victim, which dominated mental health practices in the past. Gondolf and Fisher (1998) pointed out that advocates tend to be suspicious of mental health counselors who fail to see DV as a social problem.

Advocates expressed concern that mental health interventions with female survivors of DV can shift the focus from DV as a social issue to notions of individual psychopathology. Thus, they preferred to avoid interaction with the mental health system to prevent perpetuating the alleged pathology of the victim.

In recent times, mental health interventions have been recognized as potentially rehabilitating for batterers as well as victims. One of the most common forms of legal action against DV perpetrators since the 1980s has been mandatory mental health treatment (Lehmer, 1986; Robbins, 2003; Waldman, 1999). DV perpetrators are often placed on probation and mandated to receive some form of mental health treatment in lieu of long-term incarceration (Robbins, 2003). In the 1980s, a formal mental health response to DV was launched. As part of this attempt, in 1980 in Duluth, Minnesota, the Duluth Domestic Violence Abuse Intervention Project (DAIP) was developed, from the standpoint of women who were battered. According to the Duluth model, batterers use abuse to gain control over their partners. The project argued for practices that would hold perpetrators accountable. The Duluth

model proposed holding perpetrators accountable for victim's safety, offering offenders an opportunity to change, including punishment if it enhances victim's safety, and ensured due process for offenders through the intervention process. With time, what started in a small Minnesota city gained national recognition. This model led to the spread of batterers' intervention programs all over the country and has become the model of DV intervention that is practiced in many states in the U. S., including Florida.

Research on the treatment of abused women has found overwhelming evidence of posttraumatic stress disorder (PTSD; Jones, Hughes, & Unterstaller, 2001). Walker's (1979) study of 1,500 women victims of DV found that abused women experience PTSD following DV victimization. West, Fernandez, Schoof, and Parks' (1990) study of a randomized population of women at battered women's shelters found that 47% of the women had PTSD. Lubin et al. (1998) looked specifically at the effectiveness of cognitive-behavioral group counseling in relation to reducing symptoms of PTSD in women diagnosed with chronic PTSD. The participants were women who had been abused as children and adults and who had been receiving outpatient counseling for an average of 7.6 years. Results indicated that cognitive-behavioral group counseling may be effective for reducing the core symptoms of the disorder as well as for symptoms of depression.

Studies on counseling intervention with female survivors of DV have focused on psychosocial treatments. Psychoeducational, supportive counseling for female survivors of DV may be an effective approach for improving self-esteem and may

affect assertiveness, social support, and coping skills (Abel, 2000; McNamara, Tamanini, & Pelletier-Walker, 2008).

Haight, Shim, Linn, and Swinford (2007), studied 17 battered women involved in the public child welfare system. Most mothers expressed experiencing difficulties in helping their young children interpret the violence in a way that allowed for the children's psychological recovery. This study by Haight et. al revealed that most mothers used intelligible strategies, including removing their children from the room or signaling them to leave during a DV incident.

Research indicates that the mental health preferred treatment for batterers, as well as survivors of DV, has been counseling in group format (Robbins, 2003; Wood & Roche, 2001). Robbins (2003) noted that court-mandated clients typically come into treatment angry at the judicial system for having forced them into mental health treatment. Further, because they have not personally sought help or counseling for their problems, they view court-mandated treatment as a form of judicial punishment which lowers their initial trust, interest, and attraction to the group.

Since the inception of its use in the 1980s to treat DV, mental health intervention has been largely used to treat both victims and abusers. Increasingly, survivors of DV are being offered a range of services to assist them in overcoming the effects of partner abuse. Kress, Protivnak, and Sadlak (2008) drew on the literature to address issues of counseling with respect to ensuring safety. The study indicated that a detailed plan to manage relationship violence and protect victims and their children was the most useful tool counselors could use to promote client safety.



Gorde, Helfrich, and Finlayson (2004) studied trauma symptoms and life skill needs of DV survivors from three DV programs. Eighty-four female survivors of DV were studied. Participants completed two self-report tools, Trauma Symptom Inventory (TSI) and Occupational Self-Assessment (OSA). Staff members from the three programs believe that women lack skills in the areas of money management, seeking and obtaining employment, locating permanent housing, independently completing self-care and home management activities, managing stress, and parenting. The findings from this study suggested that both mental health and life skills needs must be addressed when working with female survivors of DV.

Howard, Riger, Campbell, and Wasco (2003) analyzed counseling outcomes for battered women who have been raped and battered by their partners and compared them with outcomes for women who have been battered but not sexually assaulted. Participants were drawn from a large sample size of 5,200 battered women who sought DV counseling services. The study revealed that women who have been raped and battered may not achieve the same levels of well-being and improved coping through counseling as women who have been battered but not raped.

Further, McNamara, Tamanini, and Pelletier-Walker (2008) studied the impact of short-term counseling at a domestic violence shelter. A hundred and twenty one participants, all women who sought services for DV related concerns, were selected for the study. The study found that counseling, along with a supportive agency milieu, proves beneficial to women seeking services for partner abuse.

## **Co-occurrence of Domestic Violence and Child Neglect**

Domestic violence counts among its victims children living in the violent household (Portwood & Heany, 2007). Notably, research supports the connection between wife abuse and child neglect. In the context of this study, co-occurrence of DV and child neglect refers to a child's witnessing or directly experiencing his or her mother being abused by an intimate partner in the home. The problem of child neglect in families where the mother is the victim of DV is extensive (Graham-Bermann & Edleson, 2001). Child neglect does not exist in isolation from other forms of family violence. Recently, there has been increasing interest in the relationship between DV and child neglect. Nationally, estimates of overlap between DV against women and child neglect in the same families have been consistently reported at between 30% and 60% (Edleson, 1999a). A burgeoning body of research demonstrates the co-occurrence of DV and child neglect (Beeman, Hegemeister, & Edelson, 2001; Edleson, 1999b; Faller, 2003; McFarlane & Malecha, 2005; Theisen, 2001; Wilson, 1998). Graham-Bermann & Edleson (2001) in a review of over 36 studies found that approximately 30% to 80% of children whose mothers were being abused were also themselves likely to be abused or neglected. Shepard and Raschick (1999) also found that in 35% of a sample of child neglect cases, DV had occurred in the home. Further, McFarlane & Malecha (2005), in a longitudinal cohort study on sexual assault among intimates, found that 8% of the children of victims were exposed to violence against their mothers.

Kantor and Little (2003) examined conceptual discontinuities in defining the boundaries of child neglect in relation to DV survivor mothers' failure to protect. The

study found a correlation between DV and child neglect and argued that child neglect does not exist in isolation from mother abuse in households or other forms of family violence.

Lewis (2003) examined legal and ethical issues that arise for clinicians working with female clients who are survivors of DV and who have children. The study showed that there was overlap between mother abuse and child neglect. Study findings also suggested that in a home where a mother is abused by her male partner, children are neglected either by the male partner or the battered mother. Lewis's study found that when an abused woman discloses child abuse to her clinician, it creates an ethical dilemma for him or her. On the one hand, the clinician is obliged to act in accordance with mandatory reporting laws and exercise his or her ethical duty to protect vulnerable children. On the other hand are issues of confidentiality and the need to respect for the client's autonomy.

Research has documented the overlap between DV and child neglect (Edleson, 1999; Graham-Bermann, & Edleson 2001; Shepard & Raschick (1999). This overlap has raised tensions between Child Protective Services (CPS) workers and female survivors concerning the rights and safety of children versus the rights and safety of female DV survivors (Kantor & Little, 2003; Landsman & Hartley, 2007; Lewis, 2003). Landsman and Hartley (2007) suggested that battering, most of the time, works against female survivors, when there is a question of attributing responsibility for exposing a child to DV. Mills (2000) noted that child welfare workers have strong views about battered women's responsibility for their children's safety and for putting an end to the battering. For example, Wilson (1998) found that

mothers are often held to a higher level of responsibility than male partners to protect their children. Wilson (1998) suggested that often the responsibility for violent behavior is deflected away from the person who commits it. Under the laws of many states, the failure of a DV survivor mother with children to leave her abuser may result in criminal prosecution, incarceration, or loss of custody of her children to her abuser. This tendency to hold mothers strictly accountable for their own actions (engaging in DV) as well as for the actions of their partners has made the legal system a source of implicit danger to battered mothers, rather than one of assistance (Buzawa & Buzawa, 2003; Lombardi, 2000).

### **State Law on Protecting Children from Domestic Violence**

In recent years, increased attention has been focused on children who may be affected by violence in the home as witnesses. Research has documented that even when children are not direct targets of violence in the home, they can be harmed by witnessing its occurrence (Child Welfare Information Gateway, 2009). Although DV correlates with child neglect, for the most part, an abused woman may not have control over the child witnessing her abuse by the partner. It is against the law for parents to expose their children to DV. According to Cochrane and Davies, (2006) the Child Abuse Prevention and Treatment Act (CAPTA) is conceptualized, “As the parent, you are responsible for what happens to your child, even if you aren’t the one who actually did the yelling, hitting, or hurting” (p. 7). The view of some scholars is that the responsibility should fall on the abuser, not on the female survivor of DV (Appel & Holden, 1998; Edleson, 1999; Wilson, 1998). Theisen (2001) suggests that removing the children from the victims is not the solution. The Florida State statute

on child neglect is very specific. Exposure of a child to chronic or extreme spouse abuse or other DV constitutes emotional neglect before the law (Florida State, Ann. Stat. § 921.0024). In the state of Florida, a child is a witness to DV when an act that is defined as DV is committed in the presence of or perceived by the child (Ann. Stat. § 921.0024). The following section highlights some gaps in the literature.

### **Gap in the Literature**

Over the past three decades, awareness and concern about the incidence and severity of DV have increased. There are extensive studies of the legal system's reactions to DV (Barata, 2007; Fleury, 2002; Light & Russell, 2006; Jordan, 2004), but few specific studies exist on the mental health of DV survivors; even fewer specific studies cover counseling advocacy intervention for female survivors of DV. Counseling research that has specifically looked at advocacy services to female survivors of DV is insufficient. Providing advocacy, placement in support groups, and group and individual counseling are among the forms of counseling intervention that have been used in working with female survivors of DV (Abel, 2000). However, what is missing from previous studies on female survivors of DV is acknowledgment of these women's experiences as they go through the legal-judicial system prior entering to counseling. It is important to explore what it is like to be a DV survivor mother charged with child neglect and court-mandated to counseling. An understanding of the experience of these mothers in navigating the legal-judicial system—before receiving counseling—would provide vital information to counselors who work with these women.

Vera and Speight's study (2003) found a lack of research with a social justice focus in the counseling literature. Their study suggested a need for increased social justice advocacy at the micro (individual) level to integration of social justice at the macro (systemic) level. At the theoretical level, Vera and Speight (2003) articulated social justice multicultural competence with a focus on marginalized or oppressed communities rather than on individuals as the locus of intervention. Further, Vera and Speight (2003) encouraged counselors to prioritize social justice and advocate for the elimination of systems of oppression, inequality, or exploitation. The phenomenon of DV survivor mothers charged with child neglect and court-mandated to counseling is a situation that calls for greater social justice advocacy in the counseling arena.

Although DV has been studied extensively, a lack of knowledge exists concerning (a) the experiences of DV survivor mothers charged with child neglect and court-mandated to counseling, and (b) the meanings these women ascribe to these experiences. The present study is an attempt to bridge this gap and contribute to the literature in order to help better inform counselors and other players involved in working with DV survivor mothers about these women's experiences between the point of entry into the legal-judicial system and that of getting into counseling.

### **Summary**

The literature on domestic violence shows that it is a serious national problem (Tjaden & Thoennes, 2000), and that it correlates with child neglect (Edleson, 1999a). For the most part, women abused by intimate partners also often have children who are neglected. Over the years, DV has been confronted by a combined effort between legal-judicial and social institutions. The role of each has evolved as DV has been

brought more and more into public view. Through the efforts of the feminist movement, DV has ceased being perceived as a private family matter that needed no governmental involvement or criminal justice intervention to being seen as a criminal offense. The trend of the legal response to DV has moved from police reluctance to intervene and make arrests, and courts' unwillingness to impose significant sanctions on those convicted of DV, to mandatory arrests and imposition of sanctions as well as to the inclusion of mental health intervention.

The present study hopes to inform marriage and family counselors, the legal-judicial, and mental health systems about what services and interventions they could offer DV survivor mothers charged with child neglect and court-mandated to counseling to inform and empower them. Knowledge about these DV survivor mothers' experiences as they navigate the legal-judicial system will, in turn, help to inform marriage and family counselors about these women's counseling needs so that they can be better equipped to choose interventions that best fit the conditions of their clients.

### **CHAPTER III: RESEARCH METHODOLOGY**

This chapter provides an overview of the research paradigm, the rationale for using a qualitative study and qualitative research design, and the phenomenology which informed the study. Second, this chapter reviews the method employed in conducting the present study, including data collection and data analysis procedures. Informed consent documentation, confidentiality assurance, measures to ensure trustworthiness, including interview questions, are also provided.

Methodology is the strategy or design behind the choice and use of particular methods. It provides the philosophical groundwork for methods. The methods of a research study are those procedures that are utilized to gather and analyze data (Crotty, 2003). Methodology deals with the underlying theory upon which the research study is based. It includes the underlying assumption and serves as a midpoint between the methods employed to answer the research questions and the explanations about the issues under study (Schwandt, 2001).

#### **Research Paradigm**

Denzin and Lincoln (2000) define a research paradigm as a basic set of beliefs that guide the action. A paradigm is the patterning of a person's thinking, i.e., the researcher's worldview. It is what the researcher believes is the truth concerning knowledge and the topic under study (Crotty, 2003). For this researcher, humans build knowledge and meaning from their experiences. Individuals seek understanding of the world in which they live and work through historical and cultural norms that operate in their lives (Lincoln and Guba, 1985). "Knowing" is a subjective and not an



objective representation of nature, and is language based. Knowing arises in the sphere of social exchange (Gergen, 1985).

### **Ontological Paradigm**

To state one's ontological is to describe one's view of the nature of reality. The theoretical perspective chosen for this phenomenological research is social constructionism, a postmodern viewpoint on knowing which holds that knowledge is socially constructed (Gergen, 1985). Social constructionists view language as a medium for creating different explanations of the world of human experiences. From a social constructionist perspective, we do not create meaning, rather, we construct meaning (Creswell, 2007; Crotty, 2003). Knowledge is based on social context and it is in the social interaction and discourse where truth can be found (Audi, 1999).

Social constructionism serves as basis for this study because of the researcher's belief that knowing and learning are based on social processes and relationships and because of her belief in the influence that social environments have on daily living. Interpersonal violence and the victimization of women are social problems. This researcher shares the social constructionist view that meaningful reality is not discovered, but socially constructed. For this researcher, in accordance with the constructivist view, the nature of reality lies in social discourse. Knowledge is based on individually constructed reality, culture, what is known due to the relationships with individuals, and how the world is shared with others (Maher, 2005). This study proceeds from the assumption that DV occurs in social relations due to power dynamics between intimate partners who live together or have previously co-habitated. Battering has much to do with a man's attitudes and beliefs

about how men and women should relate in intimate relationships. Batterers—supported by social tolerance of DV—believe they have a right to enforce their will on their female partners.

Social constructionism contends that ideas are located in the domain of language between people—in interactions and negotiations between persons. In this understanding of knowledge, participants and researcher in a study such as this emerge as partners in the generation of meaning. Experiences and perceptions are brought into existence through shared meaning within the social interchange of conversation. Interaction between the researcher and the participants about their experiences and meanings they give to their experiences creates the knowledge that emerges as the result of research (Denzin and Lincoln, 2000).

Crotty (2003) views paradigm as encompassing the strategy or plan of action, the research design that shapes research questions, and the researcher's choice and use of particular methods for the study. The present study was guided by a qualitative research design with a phenomenological inquiry paradigm. Qualitative approach offers richness and depth to a study because of its focus on the meaning of human experiences. The aim of phenomenology is to “construct an animating, evocative description of human actions, behaviors, intentions, and experiences as we meet them in the lifeworld” (van Manen, 1999, p.19). The choice of this methodology for this study reflects an attempt on the part of the researcher to get as close as possible to the participants viewpoints regarding the experience of being DV survivor mothers charged with child neglect and court-mandated to counseling.

## **Qualitative Research Design**

Qualitative research is a method of investigation used for understanding and describing the world of human experience. Qualitative research stems from constructivist, phenomenological, advocacy knowledge claims (Creswell, 2007). Social constructionism asserts that meanings are constructed by human beings as they engage with the world they are interpreting. Qualitative research emphasizes studying individuals or groups in their natural setting while using the person of the researcher as an instrument for information collection to gain insight into the meanings people make of their experiences (Creswell, 2007). According to Polkinghorne (1991), the qualitative research design is useful in the “generation of categories for understanding human phenomena and the investigation of the interpretation and meaning that people give to events they experience” (p. 112). The qualitative method is a means of understanding social phenomena, participants’ perceptions and experiences, and the way they make sense of their lives (Creswell, 2007). It thus recognizes the close relationship between the researcher, the object of the study, and the context that influences the research. It is a means of studying a research problem when the problem needs to be fully explored (Creswell, 2007). In this case, the focus of exploration is the research participants’ perspectives of their experiences. In qualitative research, detailed data is gathered through interviews with open-ended questions (Creswell, 2007; Patton, 2002; Berg, 2004).

Qualitative research emphasizes processes and meanings over measures of quantity, intensity, and frequency (Denzin & Lincoln, 1998; Rudestam & Newton, 2001). This meaning-making involves interaction between subject and object. It is in

and out of the interplay of humans engaging with their human world that meaning is constructed (Crotty, 2003). The creation of meaning involves bringing objectivity and subjectivity together and holding them insolubly throughout the process (Crotty, 2003). This is the core character of qualitative research.

**Rationale for a qualitative study.** The nature of the study, which is to gain insight and a holistic perspective of DV survivor mothers' experiences and perspectives, made it best suited the qualitative approach. The purpose of a qualitative study is to bring forth emergent themes and detailed information from a limited number of participants in order to aid understanding and meaning (Berge, 2007; Creswell, 1998; Patton, 2002). The use of a qualitative approach makes possible research at a depth and level of detail not allowed in a quantitative approach, which takes place under controlled laboratory conditions (Patton, 2002).

Domestic violence occurs in a natural setting between intimate partners living together or who have lived together in the past (Buzawa & Buzawa, 2003). The report from a qualitative study is a narrative filled with the rich, thick descriptions of lived experiences (Creswell, 2007). Using a qualitative research design to study the experiences of the participant mothers provided a means of gathering such rich, thick data. In-depth descriptions of the participants' experiences were captured through questions about *what* and *how* the participants experienced the phenomenon of being DV survivor mothers charge with child neglect and mandated by the court to receive counseling, as well as the meanings they ascribed to their experiences.

## **Phenomenological Inquiry**

A phenomenological inquiry lens was used for the present study.

Phenomenology is a philosophy as well as a research methodology that attempts to describe and elucidate the meanings of human experiences (Crotty, 2003).

Phenomenology is the study of *how* we experience. Phenomenological inquiry involves studying a small number of participants through a process of extensive and prolonged engagement to discover patterns and relationships of meaning (Creswell, 2007; Moustakas, 1994). The aim of phenomenology is to return to the concrete; this intent is captured by the slogan “back to things themselves” (Moustakas, 1994, p. 26). In phenomenological study, the researcher combines the experiences to a central meaning (Moustakas, 1994).

**History of phenomenology.** The origin of phenomenology can be traced back to Emmanuel Kant and Georg Wilhelm Friedrich Hegel; however, Edmund Husserl (1859-1934) is regarded as the fountainhead of phenomenology in the 20th century (Vandenberg 1997). Phenomenology as a branch of philosophy based on the investigation of things (phenomena) as they appear to the consciousness (Crotty, 2003) has evolved over the years from Kant to Husserl and later writers (e.g., Heidegger, Sartre, Merleau-Ponty). Husserl rejected the view that objects in the external world exist independently and that the information about objects is reliable (Crotty, 2003; Fouche, 1993). He argued that people can be certain about how things appear in or present themselves to their consciousness (Fouche, 1993). Husserl postulated that there are hidden things-in-themselves which lie beyond phenomena as they appear to consciousness (Moustakas, 1994). Husserl looked for that conscious

human experience and the process of how knowledge is achieved (Smith, 2006). He defined phenomenology as the science of the essence of consciousness, centered on the defining trait of intentionality. Intentionality “bespeaks the relationship between us as human beings and our world” (Crotty, 2003, p. 79), that is, the relationship between conscious subjects and their objects. Husserl presented phenomenology as a means of investigation regarding ways in which objects are experienced and known (Zelazo, Moscovitch, & Thompson, 2007).

Husserl’s “transcendental phenomenology” also involved the notion of *epoché*, which means bracketing or suspending one’s previous knowledge about the phenomenon being researched (Creswell, 2007). For Husserl, transcendental meant focusing on phenomena (appearances) and the meanings they have for us and asking how these meaningful phenomena are constituted, that is, brought to our awareness (Zelazo et al., 2007). Transcendental phenomenology focuses on the ways in which things are given -- not what they are. Husserl proposed to practice phenomenology by bracketing the question of the existence of the natural world around us. Husserl and Merleau-Ponty spoke of pure description of lived experience, which meant describing an experience just as it occurs. Heidegger, a student of Husserl and his followers, moved took the emphasis from transcendental—the process of how things are known—to a hermeneutical phenomenology, focusing on the *experience* of being. Heidegger spoke of hermeneutics, the art of interpretation in contexts, especially social and linguistic contexts (Smith, 2008).

Currently, two main trends in phenomenology are hermeneutic phenomenology and empirical phenomenology. Hermeneutical phenomenology

interprets the texts of life by exploring the lived experience of those who have experienced a phenomenon. Empirical phenomenology focuses mainly on participants' descriptions of their experiences and the researcher's reflection on what the participants' provide. Empirical phenomenology focuses less on the interpretations of the researcher and more on the researcher's providing a description of the experiences of the participants (Creswell, 2007). Accordingly, whenever a preconception or personal reaction surfaces, the researcher brackets it, sets it aside, and tries to comprehend the person's experience as it is for that person. In this process of phenomenological reduction, the researcher tries to suspend her/his conceptions of any world other than the subjective world of the person who is being studied (Moustakas, 1994). Understanding people's perspectives of a particular situation and seeking the meaning, structure, and essence of the lived experience of a phenomenon for a person or group of individuals is the goal of phenomenology (Patton, 2002).

**Rationale for a phenomenological inquiry paradigm.** Phenomenological inquiry paradigm was deemed fitting to guide the present study because the researcher was interested in the essential features of the experiences of the participants, mothers who are abused by their partners only to be criminalized later with child neglect charges and court-mandated to counseling.

The primary research question of the present study was: What are the experiences of DV survivor mothers charged with child neglect and court-mandated to counseling?

The following subquestions were created to expand the research problem.

1. What was the experience with law enforcement, the judicial system, Department of Children and Family, and the mental health system?
2. What can the legal-judicial system and counselors learn from the experiences of DV survivor mothers charged with child neglect and court-mandated to counseling?

### **Research Method**

This section describes in detail the procedure employed in conducting the study: the method of selection, recruitment of participants for the study, data collection, and data analysis.

#### **Selection and Criteria**

Individuals who have experienced the phenomenon under study were selected using the following criteria. Only female survivors of DV were invited to participate because females are more likely to be victims of DV than males (Tjaden & Thoennes, 1998). In addition, participants had to be between the ages of 18 and 45 and had to have a child or children who are minors. The reason for setting these age delimits is that this is the typical age range of adult mothers. Another criterion for selection was that the mothers had be be attending counseling or had to have completed court-mandated domestic violence counseling.

#### **Sample Size**

Criterion sampling was used. This means selecting participants who matched the criteria of the study: participants who experienced the phenomena being studied. Creswell suggest a sample size of between 5 and 25 in a phenomenological research (Creswell, 2007). For the present study, 12 participants were selected to participate. A sample of this size would have the greatest potential for yielding good manageable



data and would allow the researcher to collect rich and in-depth information from the participants about their experiences.

### **Recruitment Procedures**

Gaining access to the sites involved several steps (Creswell, 1998). The researcher first sought approval from Barry University's Institutional Review Board (IRB) to conduct the study. Once permission had been granted by the IRB, this researcher sent letters electronically to mental health agencies in urban communities in South Florida that provide counseling services to court-referred DV cases and asked for their permission to use their sites to post flyers to recruit participants for the study (Appendix A). With permission from official representatives of these agencies, flyers advertising the study were posted in the reception/waiting areas at these agencies (Appendix B). The flyer included relevant information about the study as well as criteria for inclusion. The researcher indicated that the study was voluntary and that participants could terminate their involvement at any time. The flyer contained the researcher's contact information and requested that prospective participants contact the researcher should they wish to participate in the study.

This researcher required that prospective participants contact her so that she could provide more information about the study and secure their participation. To eliminate any potential of harassment, further abuse, or heightened danger from a partner or ex-partner for participating in the study, the researcher, at the first contact with participants, established the most convenient and secure means to reach them. Once contacted by phone by an interested prospective participant (telephone script,

Appendix E) the researcher provided a brief summary of the study. Afterward, a convenient time and place was set for an interview with the prospective participant.

### **Informed Consent**

Informed consent is a vital part of the research process, requiring the researcher to educate potential participants about the purpose of a study to ensure that they reach a truly informed decision about whether or not to participate. Participants' informed consent must be given freely, without coercion, and should be based on a clear understanding of what participation involves (Creswell, 2007).

At the initial meeting with selected participants, the purpose and process of the study was discussed. The Informed Consent form (Appendix A) was presented and explained to prospective participants. Participants were informed about the voluntary nature of the study. Further, participants were informed that they could refuse to answer any interview question, or terminate their involvement at any time with no adverse effects of any kind. Should any participant withdraw from the study, her information was not to be used in the study. The researcher would destroy recorded data and shred the participant's hard copy of the informed consent in the custody of the researcher without adverse effects of any kind to the participant.

Once the purpose and method of the study had been explained, the researcher ensured that the informed consent form was reviewed and signed by the participant and researcher prior to the beginning of an interview. Permission to be interviewed was granted to the researcher through the signing of the informed consent form.

**Benefits and risks.** Participants were informed about possible minimal emotional risk involved in participating in the study, such as the possibility of

experiencing emotional reactions during the interview. They were also informed that should the interview questions provoke discomfort or unpleasant memories and should intervention be needed, the researcher would recommend that the individual seek help from any mental health provider of her choice for counseling or from the Switchboard of Miami, a local mental health center and referral agency in Miami, Florida, with a full range of health services and free individual and family counseling services. The interviews did not provoke unpleasant memories that warranted intervention, hence, no recommendations were made to seek counseling in a local mental health center.

Participants were informed that there would be no direct benefits to them, although some individuals found discussing their situation helpful and comforting (Appendix A). The study findings may inform legal-judicial and policy makers decisions as well as counselors regarding interventions when working with DV survivor mothers.

### **Confidentiality**

This researcher took careful steps to protect the confidentiality of participants. Participants were informed that their identities would be kept confidential to the fullest extent of the law. Each participant was required to select a pseudonym to be used throughout the study. Pseudonyms were used on the consent forms to prevent linking of consents to participant transcripts. All identifying information that could lead to possible identification of participants by their family and friends were eliminated from the transcripts. Signed informed consent forms were stored in a separate file cabinet from other documents under lock and key in the researcher's

home office in a separate file box to which only the researcher had access. Audiotapes were destroyed immediately after transcribed by the researcher after the participants had verified their transcripts for accuracy of representation. The transcripts and notes will be stored for five years from the date of completion of the published dissertation, after which, the forms, notes, and interview transcripts will all be destroyed, in accordance with the requirements of the Barry University IRB.

### **Data Collection**

Data collection is a series of interrelated activities aimed at gathering good information to answer emerging questions (Creswell, 2007). For the present study, interviews were the method for collecting data. Interviewing is a valuable data-gathering technique, however, one issue surrounding interviews concerns how long or short they should be (Berg, 2007). For the present study, interviews were approximately 90 minutes in length. They consisted of a face-to-face individual interview with participants. All interviews were audio-recorded and transcribed by this researcher. Before an interview began, the interviewees were informed both verbally and in writing (see Appendix A), that the recording could be stopped at any point during the interview, at their request. To further ensure confidentiality and security of data, the audiotapes were destroyed immediately after transcription had been completed and participants had confirmed that the researcher had accurately represented their comments and responses. Interview transcripts will be securely preserved for a period of five years, after which data will be destroyed.

## **Interview Questions**

Interview questions were made available to the participants during the interview as a guide. The researcher used open-ended questions and focused on the research question to extract information from the participants. The purpose for interviewing with open-ended questions is to allow participants all the flexibility they need to express themselves as well as to obtain more in-depth information, allowing the researcher to enter into the participant's world of understanding (Patton, 2002). Interview questions (Appendix D) focused on meanings, in order to elicit the essence of the experience from the perspective of the participants.

In addition, the researcher took notes of her observations and reaction to the participants' responses. This researcher also noted details related to her observation through memoing, and this included her thoughts, feelings, experiences, and perceptions throughout the research process. At the end of each interview, the researcher profusely thanked the participants. They were invited to contact the researcher for any questions or additional information which they may consider necessary. The researcher made field notes immediately following each interview. Upon completion of the interviews with each of the participants, within three weeks following the interview, the researcher transcribed all interviews verbatim. When the transcripts were completed, copies were sent to the participants upon request for their review and verification. A 30-minute follow-up interview was scheduled for interviewees to verify their transcripts. Audiotapes were destroyed by the researcher after the participants verified their transcripts for accuracy.

## **Data Analysis**

Coffey and Atkinson (1996) view data analysis as “systematic procedures to identify essential features and relationships” (p. 9). The steps of data analysis consisted of the researcher’s immersion in the data to identify sentences and groups of meanings that provide an explanation of how the participants experienced the phenomenon. Significant statements that are relevant to the phenomenon were organized into themes. Excerpts and themes were then used to develop comprehensive description of the participants’ experiences of the phenomenon (what happened-textural description) as well as to describe the context that influenced how the participants experienced the phenomenon. Structural descriptions (how the phenomenon was experienced by the participant) were made for each participant and were compared in order to identify shared themes and to synthesize a general structural description. From the structural and textural descriptions, the researcher then wrote a composite narrative of composite narrative the phenomenon.

For the present study, upon completion of the interview with each participant, the researcher, before transcribing, listened repeatedly to the audio recording of each interview, became familiar with the words of the interviewee, and developed a holistic view of their experiences and the meanings they ascribed to them. Creswell (1998) suggests reading all the written transcripts several times to obtain an overall feeling from them. For each interview, the researcher read through the text several times, made margin notes, and formed initial codes. Coding comprised of selecting citations and assigning labels to them. From each transcript, significant phrases, sentences, and statements that related directly to the research question were

identified. Meanings formulated from the significant statements and phrases were grouped into themes, which allowed to see what themes were emerging across all participants' transcripts (Creswell, 2007).

The researcher followed the 3-step data analysis procedure suggested by Creswell (1998). Those steps are (1) bracketing, (2) horizontalizing, and (3) clustering of meaning.

**1. Bracketing.** Bracketing is the first step in phenomenological study, in which the researcher sets aside all preconceived experiences, to best understand the experiences of participants in the study. The researcher memoed any thoughts or feelings, and shares his or her ideas about the research problem with peer reviewers as part of the bracketing and reflective process. For the present study, the researcher applied bracketing throughout, by journaling personal thoughts, feelings, and perceptions as well as sharing with peer reviewers her ideas and beliefs about DV. This tool helped this researcher identify when her biases were becoming apparent. The researcher's bias was the belief that these mothers seemed to be oppressed by the same system meant to indemnify (protect) them from DV victimization by their intimate partners. This researcher suspended personal views about DV and remained open to data as they were revealed so as not to allow her own meanings and interpretations or theoretical concepts to enter the unique world of the participants (Moustakas, 1994). Peer reviewers assisted this researcher in identifying her biases so that she could restrict her personal sentiments and remain cognizant of occasions when data collection and analysis reflected her personal beliefs rather than the participants' experiences and the meanings they ascribed to their experiences.

**2. Horizontalization.** Horizontalization refers to the process in which the researcher lists every major statement applicable to the topic and lists all key words and phrases salient and relevant to the purpose of the study culled from the data. This researcher extracted from the interview transcripts those statements identified as illuminating the topic researched. This process was followed by clustering of meaning.

**3. Clustering of meaning.** Clustering of meaning is a procedure in which the researcher groups statements into themes or meaning units, removing overlapping and repetitive statements. The list of units of relevant meanings extracted from each interview is scrutinized and redundant units eliminated (Moustakas, 1994).

The findings of this study were presented in a descriptive form. The narrative produced had a textural component, which described the experience, and a structural piece, describing how the phenomenon was experienced by the participants. Textural description refers to what was experienced and structural description refers to how the phenomenon was experienced by the participants. The researcher then combined textural and structural descriptions into a narrative that described the essence of the participants' experiences and views on DV compounded with charges of child neglect and court-mandated to counseling.

### **Trustworthiness and credibility**

Trustworthiness and credibility refers to confidence that the data and interpretation are true (Lincoln and Guba, 1985). To ensure trustworthiness and rigor, this researcher employed member checking, peer debriefing, and reflexivity.



**Member checking.** Member checking means testing of the researcher's interpretations of the participants' responses to interview questions. It involves taking interview transcripts as well as the interpretations derived to the participants for feedback and verification, with the intent of confirming the accuracy and credibility of the findings (Creswell, 1998). This researcher conducted a validity check by returning to the participants upon request the entire written narrative as well as the interpretations derived from the information they offered, in order to determine whether the essence of the interview had been correctly captured.

**Peer reviewers.** Two doctoral student colleagues reviewed the aim and procedure for conducting the study. There were ongoing discussions between researcher and peer reviewers to share opinions about data collection, data analysis, and data interpretation.

**Reflexivity.** The researcher applied reflexivity throughout the research process. Reflexivity involves self-questioning, an ongoing conversation with self about experience while, concurrently, living in the moment. According to Patton (2002) reflexivity means being sensitive to, attentive to, and conscious of one's own perspective and voice as well as the perspectives and voices of participants, and of those to whom one reports. Accordingly, the researcher acknowledged any preconceived notions she had about the phenomenon of domestic violence against women in order to enhance the credibility of the findings.

### **Summary**

This chapter presents the research design and method used to obtain data regarding the experiences of DV survivor mothers charged with child neglect and

court-mandated to counseling. The qualitative research design and phenomenological inquiry lens are described, as well as the criteria for selecting and recruiting participants. The procedure for collecting, analyzing, and storing the information is also described. Information about interview questions, informed consent, confidentiality, and measures taken to ensure the credibility and trustworthiness of the study are also provided.

## CHAPTER IV: FINDINGS

This qualitative phenomenological inquiry explores the real life experiences of DV survivor mothers charged with child neglect and court-mandated to counseling and attempts to understand their experiences. This chapter presents the findings obtained from the interviews of twelve DV survivor mothers who have had these experiences and who volunteered to participate in the study. The principal goal was to provide participants with “an amplified voice” to express their individual experiences, feelings, and thoughts about the phenomena of child neglect charges and court-mandated to counseling as DV survivor mothers. The research question that guided the study is: “What are the experiences of DV survivor mothers charged with child neglect and court-mandated to counseling?” The specific sub-questions were:

1. What is the experience of DV survivor mothers with the legal-judicial system [law enforcement, judicial system, and Department of Children and Family Services]?
2. What can the legal-judicial system and counselors learn from the experiences of DV survivor mothers charged with child neglect and court-mandated to counseling?

The data was collected through audio-taped individual interviews. All interviews were conducted by this researcher, and each lasted approximately one hour and a half. All interviews were transcribed verbatim and analyzed by this researcher following Creswell’s (2007) data analyses guidelines.

In this chapter, the researcher describes briefly the twelve participants of the study. This is followed by descriptions of each emergent major theme with corresponding subthemes and supporting participant data.

### **The Participants**

Twelve DV survivor mothers charged with child neglect and court-mandated to counseling volunteered to participate in the study. All met the criteria as described in Chapter III of this dissertation. They were mothers between the ages of 20 to 45 years old, who were in a heterosexual relationship, and had a minor child or children at the time of the DV incident. To ensure confidentiality, no real names are used in the reporting. The pseudonyms chosen by the participants were: Tina, Maggie, Val, Jackie, Berna, Vanessa, Nancy, Kay, Monique, Liz, Alice, and Kathleen. The participants were from diverse cultural backgrounds, with various educational achievements, at varying levels of intimate relationship, dating, married or cohabiting with their partners at the time of DV incident, currently in counseling or have completed counseling at the time of the interview. Eight women had been married to their abusers, one was dating her abuser, and three were cohabitating with their abusers. The length of their relationships with their abusers ranged from two years to seven years. More than half of the sample was Black from different cultures; five were African Americans, two Haitians, and one Jamaican. Two of the participants were Euro-Americans and two were Hispanics of Cuban and Mexican origins. Of the twelve women, seven reported that their children had been removed and placed in foster care. Three stated that their children were placed with the abusers' families while two others commented that their children were being cared for

by their own family. Two of the women were in the process of having their parental rights terminated, and the other ten were attempting to satisfy the DCF and court requirements to regain the custody of their children. All of the twelve participants had minor children of varying ages from two days old to twelve years old at the time of the interviews. The participants have varying educational backgrounds that range from completing high school to attaining a college degree. Of the twelve participants, two had voluntarily sought counseling before but not related to DV. The participants were very open, reflective, and optimistic that by sharing their experiences they – as mothers who are survivors of DV -- might help the legal-judicial system discover how they feel about child neglect charges and court-mandated to counseling. Below is a brief profile of each participant:

**Tina.** A 45-year old single mother with four minor children, has an undergraduate college degree, works part time, and has completed court-mandated to counseling.

**Maggie.** An unemployed 40-year old divorcee mother with one child, and a high school diploma, is currently in counseling.

**Val.** A 23 year-old, partially college educated, currently unemployed, a single mother with one child, and in counseling.

**Jackie.** A 27 year-old DV survivor mother divorced and has two minor children. She is unemployed, has an undergraduate college degree, and is currently in counseling.

**Berna.** A 31 year-old single mother with three minor children, has earned an associate degree, is unemployed and is currently in counseling.

**Vanessa.** An unemployed 23-year old with three minor children, who describes herself as a single mother with less than a high school diploma, and is currently in counseling.

**Nancy.** The youngest of the participants, is a single 20-year old DV survivor mother, with a child. She has less than a high school diploma, is employed part time and currently in counseling.

**Kay.** A 29 year-old single mother with three minor children, has some college education, is unemployed, and currently in counseling.

**Liz.** A 24 year-old DV survivor mother, single, and has four minor children. She has a high school diploma, is self-employed, and currently in counseling.

**Alice.** A 34 year-old mother who is divorced with two minor children. She has an undergraduate college degree, is unemployed, and currently in counseling.

**Kathleen.** A 42 year-old DV survivor mother, described herself as a single mother with a child. She has less than a high school diploma, is unemployed, and currently in counseling.

**Monique.** A 26 year old single mother with two under-aged children, has an undergraduate college degree, is employed part time, and currently in counseling.

### **Major Themes and Corresponding Sub-themes**

This section describes the major themes emerging from the analyses of the transcribed interviews, and supporting quotes from the interviews. Four major themes and sub-themes within each emerged from the interview analyses:

Major Theme	Sub-theme
Beaten up by the system	Made a victim all over again, penalized
Placed into many programs	A big hassle, psychological torture, and benefits of the program
Denial of a voice in the courtroom	Lack of knowledge about the court system, each court day a different public defender, relaxed attitude in family court system, evidence found at crime scenes not always accurate
Counseling providing healing and empowerment	Counseling technique with DV survivors, and hindrance to positive counseling experience

### **Beaten Up by the System**

The research participants reflected on their experiences of child neglect charges and being court-mandated to counseling. All of the participants in this study revealed that they felt battered again by the legal-judicial system in different ways. Participants felt victimized and penalized by law enforcement, DCF, and the court. It is one thing to be beaten up by their husband or boyfriend and an entirely different thing to be beaten up by the system that is supposed to defend them. The twelve women described their experiences as having been both victimized and penalized. Liz shared, “I think that when mothers get into DV situations and seek legal-judicial help, they get beat up again”, similarly Maggie expressed, “I felt beaten up again.”

**Made a victim all over again.** Participants felt victimized a second time when charged with child neglect and court-mandated to counseling. The sub-theme of victimization was characterized in different ways in the participants' stories. The participants in this study were unanimous in stating that they felt re-victimized by the treatment they received from the legal-judicial system workers: law enforcement, DCF, and judge as the following comments illustrate:

Tina: Ha-ha, ha-ha, ha-ha! They made me a victim all over again. I did not know that calling for help would take me down this road. I did not know it would backfire, and I would end up losing the custody of my children. He had beaten me several times, banged my head on the wall, pulled a gun on me. He had threatened to kill me. And this record is with the police, but I am the one penalized, charged with child neglect. I am the one who got beaten. I am the one who called the police, and I am the one that is charged with child neglect. It is an injustice!"

Maggie: [Sighing] I was traumatized. I felt like a brick was falling on me. Every time I call the police, they victimize me. And if they do not victimize me, they make fun of me. When I first contacted the police, I really thought the police was going to help me. Instead of help, I got black-and-blue .... I have been in the court system for two years trying to get my baby back but to no avail. The court system had done nothing in my favor. They are not doing anything for me to reunite with my child. In the courtroom I was treated with disregard, like nobody. They think I am bad mother. The judge gives a deaf ear to my supplication to be with my child and raise my child. I think that the



court is ruling against DV survivor mothers and do not want them to be reunited with their children.

Kay: As if it is [not] bad enough that I had to go through abuse, then I turned around and lost my kids with this. It is like adding salt to the bleeding injury. I felt victimized again.

**Positive experience with law enforcement.** Some participants shared that they had good experience with the police. For example Berna said:

Berna: I had good experience with the police. They were helpful and treated me with respect. The police were very quick in responding to the call but by the time they came, he ran away, so all they had was the videotape of him beating me at the hotel office. They attended to me and my kids, made sure we were okay. They checked on my kids, the kids were okay physically. It was just me that was in harm. They asked me do I need to go to the hospital. The lady police officer who came to the scene of the crime talked to me with respect and wrote report. The lady police officer even gave me piece of advice, something I did not know. She gave me some good points because I have never been a DV victim. The lady police officer opened my eyes. She told me that once a man hits you; he's going to always hit you. The first time, he's going to try to bring you gifts or flowers and say that he'll never do it again, eventually nine out of ten times that he'll most likely do it again.

Alice: The law enforcement came quickly. They responded very well. I had pretty many good things to say about them. For example, they assessed the scene thoroughly and automatically realized who the victim was as opposed to

who actually was the guilty party. They made the right choice. I have nothing bad to say. They did great job. They were helpful. Oh, they gave me the pamphlets where certain terms, definitions, and support services are complied. They provided me with information on legal protection, protection order, like when you have to put the 500 feet restriction. They gave me the pamphlet and circled numbers, told me that if I need help from here or over there, here's where to call. They really informed me. Their intervention was very informative. I mean they were very, very helpful. They made sure that the ambulance came and I was fine.

**Penalized.** Participants expressed feeling chastised for something their partners did to them. Participants experienced being forcefully separated from their children, court-mandate to counseling, pressured to do lots of service programs, and to answer the court to regain custody of their children. Participants in this study expressed being bullied and reprimanded by the legal-judicial system for their abusers' behaviors.

Liz: I felt censured for what happened with the child neglect charge on me, compulsorily sent to counseling, and burdened by extensive requirements placed on me by DCF. I felt faulted for everything, even for the person I had a child with. So, I feel that I should not be blamed for the people I had kids with.

Berna: It was really, really [a] bad experience. I felt mauled by the court with [a] child neglect charge and court-mandated to counseling. They ordered

removing my child, sending me to jail, and allowing my partner, the abuser, to go free

Alice:” If you are a victim, you still got bullied a little bit by DCF. I felt bullied by DCF even though I was the victim”.

Thus, participants felt beaten, victimized, and penalized after having been charged with child neglect and court-mandated to counseling. They felt punished for their abuser’s behavior. In their view it is an indirect way of blaming and punishing them. Participants stated that charging them with child neglect for exposing their children to DV and court-mandating them to counseling ultimately communicates that somehow they are responsible for being abused.

### **Placed into many Programs**

Participants expressed feeling overwhelmed by the extensive requirement the court and DCF placed on them to get back their children. They were required to complete parenting class, anger management, DV counseling group, attend court hearing, and extra service programs for their children including those who were pregnant during the time of DV incident. Majority of the participants shared that they felt “treated heartlessly” by DCF workers. Participants felt that DCF’s programs put too much “pressure” on them. All twelve participants felt both “overwhelmed” and “punished” by the mandated-participation in the many extensive programs DCF required. They disclosed that they endured enough requirements being placed on them to get custody of their children. Within this category three sub-themes emerged. These are a big hassle, psychological torture, benefits of the program, and limits of the program.

**A big hassle.** Participants described their experience with the DCF as a big hassle and stressful. Participants expressed that the going back and forth to different mandatory programs DCF put them through was “crushing”. For example, a participant commented:

Monique: They [DCF] put me into many programs to be completed at their own stipulated schedule. I was even asked to do service for my son including the baby I was pregnant with during the time of the DV incident. I have to do parenting class, DV counseling, anger management, go to court two times every month. Very hard to follow through. I used to cry on the way to court on the bus ride with my newborn baby because I did not have a car. What DCF made me go through is overwhelming, very hard, stressful, and crushing. I think that it is another form of abuse. They think it is helpful, but I perceive it as a form of punishment

Some participants could not work or attend to academic work because of all the DCF mandated groups. One participant explained:

Alice: I was a full-time student at the time of the DV incident. DCF forced down my throat to comply with their many regimented programs without consideration. As a result, I dropped two classes in order to accommodate DCF and the court demands on me because my children came first.

Yet one other participant substantiated this feeling:

Tina: I felt punished. They placed a lot of requirements on me. This is a punitive response to my pain of abuse. They put me into many programs that were difficult to handle. I would recommend offering DV survivor mothers

services that will help empower them to be independent from their abuser such as providing them with day care for their children, housing, and schools instead of crippling them with so many social services programs that [do] does not give them time to get or maintain a job or go back to school to better themselves.

Other participants shared about the overwhelming requirements placed on them to get back their children. One commented “They placed extensive requirements on me, overloaded me with many programs that could not allow me keep up with my work”. Still another noted “DCF put me into many programs which were mandatory; one cannot miss more than three classes; very stressful to handle.”

Likewise, a participant revealed

Berna: DCF put me into many programs: DV counseling, parenting class, family planning, anger management, and other services. These extensive programs they placed on me are an indirect way of giving me blame.

**Psychological torture.** Participants voiced that after DCF removed their children from their custody, the department’s staff did not respond to their calls nor gave them sufficient information. They were all over-wrought about the condition of their children. This added to their anxiety over losing what they thought was temporary custody. This apparent non-action on DCF’s part inflicted pain on the mothers and these mothers believe inflicted pain on their children too. One of the DV survivor mothers shared how devastating it was for her to lose the custody of her little baby to DCF:

Maggie: I feel that it [losing the custody of your child being a DV survivor mother] is the worst thing that could happen to a mom. I'm just like a boat that is going and going like without a captain. I feel like a void. Every time I see somebody holding a baby, I feel – I feel that – um, I feel bad. I feel bad about it because I think that I should be holding my baby, too, just like them, hold my baby, smile with my baby, eat with my baby, or simple things, bathe my baby. I never had that chance to either bathe my baby for two years. I don't know the pleasure of – of having my baby with me. I don't have that pleasure. I feel like something is missing in my life. I feel that nothing – nothing could replace my baby.

Another participant also expressed frustration over not getting information from her caseworker on how her child was doing:

Kathleen: It was a psychological torture. When DCF removed my child, I felt deprived of the only reason for which I am still alive. I think that DCF does a lot of psychological harm to both DV survivor mothers and their children by forcefully separating them. When I tried calling them [DCF] to get information on how my child was doing,, they told me not to call the office. I insisted the caseworker told me “If you continued to call, it will go very bad for you.” I felt maltreated and this sent me into depression.

Similar feelings were echoed by another participant:

Alice: It was difficult to get them on the phone. Several times, I left messages on the phone for my caseworker. She hardly returned my calls. In one of my

frequent calls to them to know how my kids were doing, DCF worker callously told me to “stop bothering the staff.” I think the threat and fear DCF puts on us [DV survivor mothers] make us get defensive. I would recommend DCF to diffuse this fear and adopt unbiased stand. I think this threat attitude in turn builds walls between DCF and DV survivors’ mothers. It makes us appear uncooperative.

**Benefits of the program.** Six of the participants underscored positive gains from DCF while other participants shared both positive and negative experiences with DCF. In their view, some DCF workers show understanding while some are negative. They recounted caring gestures they received from a DCF worker. For example, one observed:

Vanessa: I think some DCF workers are nasty and some are humane, compassionate. I received a caring gesture from a DCF caseworker that beat my imagination. She was a God sent, the only DCF worker that truly understood what I was going through. She talked to me like a mother, comforted me, and guided me through the steps of things I need to do to get back my kids. I felt peaceful in the midst of tribulation, storm of life. She encouraged me not to give up on myself.

In the same way, a participant also reflected her experience with DCF. She depicted her experience with DCF as both good and bad:

Jackie: They [DCF] were helpful and showed me understanding. At the time I got into trouble, I was a full time student. I explained to them that I did not

have a job, they gave me food stamps. They were very helpful too when I got out of jail, very understanding. I dearly appreciate it, really very grateful.

Liz: My caseworker was a good case manager. She was a nice person, helpful, and willing to help me to get back my children. I think DCF practice of taking away children from their parents and placing them in foster care that is totally strange to a child is not good. I would suggest DCF not to be too quick to remove children from their parents, in extreme cases should there be need, and a child should be placed with a family member who is willing to take care of the child

**Limits of the program.** Participants also described the negative side of the program. Some of the participants shared that a major problem they encountered with DCF was not being able to get them on phone.

Vanessa: I felt hurt when I could not get my caseworker on the phone to ascertain how my children were doing. I needed to know that my kids were doing well: are they eating, getting good sleep, going to school? It was hard. That is the worst thing -not knowing. Just don't leave me in the dark. It was the worst type of nightmare. I don't want to deal with them anymore.

Jackie: But I also experienced some dark side of DCF. They put me into many programs. It was overwhelming to keep up with these programs. I felt bullied. DCF caseworkers are not doing their jobs well. It was difficult to get my caseworker on the phone; she does not return calls. My case worker lied to me that she made a call to where my child was staying and that my child was fine, but all was a white lie. She told me over the phone "Oh, we contacted them



and your child is still alive.” But when I asked the caseworker some detailed questions about my child’s condition, DCF caseworker started stuttering. Then rushed me off the phone and said, “Let me call you back, let me call you back,” and it clicked on me that caseworkers are not doing their jobs. They are lazybones. The inability to get my caseworker and her supervisor on the phone, not getting detailed information about my child’s condition was so frustrating to me. I was so mad at everything. It made me hopeless. DCF is not actually doing their job as far as checking on the condition of children they removed from their mothers to make sure that they are safe. I think they should be sentenced too for children endangerment.

Also, a participant complained about how stressful and irrelevant some of the programs were to their DV case.

Liz: Oh, it was stressful. They took me through a lot. Like, there are a lot of programs, I felt are not related to my case that the court put me through. I was real mad. DCF required me to do many programs and a lot of extra things [services]. Like, I was asked to go to counseling for my two kids that were removed. I felt punished with all the many programs they asked me to do. It was a big hassle. It is like taking away your life because you have got to live their life the way they want you to live until you complete the programs. You have to complete the program to get your kids back, because if you do not complete it, you would not get your child back. I think the going back and forth to different mandatory programs DCF put DV survivor mothers through is a form of punishment. For a person that is not strong, this could make a

person have a nervous breakdown, give up fighting to get back her children. Think of it: for someone that has been a complete housewife taking care of children and, thus, dependent on the partner. The relationship has gone sour; the DV survivor has no job and is looking for a job, while doing all of these mandatory programs. This will not give her time to search for a job. In my opinion what DCF is doing to DV survivor mothers with some of these programs is nothing other than punishing them and not helping them.

Accordingly, study participants felt that they had been placed into many programs as a form of punishment and disempowerment. Program participation limited personal time to search for jobs or attend school to better themselves and free themselves from continuously depending on their abusers for financial security.

### **Denial of a Voice in the Courtroom**

Participants complained that they were not given an opportunity to talk or explain themselves to judges during their case hearings. Within this third major theme, denial of a voice in the courtroom, emerged four sub-themes: lack of knowledge about the court system, each court day a different public defender, a relaxed attitude/culture in the family court system, and evidence found at the crime scene not always accurate. Participants identified these as areas of concern navigating the judicial system. For example, a participant explained:

Jackie: I was not given voice to explain myself to the judge and when I raised my hand to talk to the judge, the police officer told me that I am not supposed to speak unless I am addressed and I never got addressed. I was not given a voice. The judge did not want to hear me. In less than a minute the judge

attended to my case and within couple of seconds I was removed from the courtroom.

Maggie: The judge gives a deaf ear to my supplication to be with my child and raise my child. Some of the difficulties I encountered navigating the judiciary in addition to being put into many programs were lack of knowledge of how the court system works as well as not given opportunity to talk to the judge, explain myself to the judge.

**Lack of knowledge about the court system.** Ignorance of how the court operates was a stressor to all study participants in dealing with the court system. The majority of participants did not know how to access necessary information from the court system. A participant revealed:

Vanessa: It was not [a] good experience. The court was very intimidating. I had never been to court before, no prior knowledge, information, or orientation as to how to navigate through the court system. I was always nervous whenever I went to court. My heart used to beat before my ears in [the] courtroom standing in front of the jury because of lack of knowledge of the courtroom process. They should know a sacred person, a first time person. They should have said, “Okay. I know you’re a little scared. We are going to make sure you’re calm and cool because I know this is your first time going through this, something like that.”

The research participants found the judiciary to be intimidating due to lack of knowledge about the judiciary. The following comments represent the participants’ experience:

Tina: It is a complex, long process and very intimidating because of the court configuration, lawyers, the judges, and the jury people. It's scary. Halloween-like; I mean is like going to see the boogeyman. One could be in front of the judge and before you know it, the person is behind bar.

Kathleen: I felt intimidated and humiliated by the judiciary. One of the challenges I faced navigating the court system was lack of information of how the court operates. In addition, the judge did not give me opportunity to explain myself in court and I felt hurt. I felt battered and oppressed by the judicial system when in [the] courtroom. I raised my hand to explain to the judge a question I heard her ask my public defender, and the judge dismissed me. I think the system is a messed up and needs to be restructured. The way the court handles DV case is below standard for a country like our United States of America.

**Each court day a different public defender.** Participants expressed frustration about the tribulation of having to deal with different public defenders each time they were in court. They had difficulty getting hold of any their public defenders to get updates about their cases. For example, one participant, Jackie noted: "Each time I went to court; I would meet with a different public defender. I was even assigned to a public defender that does not remember court dates and barely remembers me."

A similar experience was reported by one other participant:

Berna: A major struggle I had with the judiciary was the tribulation of having to deal with different public defenders each time I went to court. Like every

time I went to court there was a different public defender. I guess they all work together, but it's not the same public defender and it makes it hard for me, I can't really get involved with none of them or talk to any of them about the progress of my case. Like the previous public defender I had, she was willing to help. But the subsequent the public defender I had, he acted like he wouldn't do nothing 'cause, my case manager gave me some papers to give to him, and I gave it to him, but he just threw them in his suitcase and that was it.

Another participant also corroborated:

Kay: Because I could not afford to get a private attorney to defend me, I was given a public defender. But these lawyers were not available to be reached when I needed them. It was a huge struggle for me having to deal with a new and different public defender each time I went to court.

This view was supported by another participant:

Alice: The assigned me different public defenders at each court date. From what I have experienced, I do not think it is on the favor to DV survivor mothers to be assigned to different lawyers and judges every time they go to court who would have to re-read the case to get familiar with it.

**Relaxed attitude culture in family court system.** Court appearances kept getting rescheduled and delayed. Participants decried their dissatisfaction with the way the court handles DV cases. Most of the participants conveyed dissatisfaction with the way the judiciary handles DV cases and reported that they would be reluctant to involve the legal-judicial system in future DV cases. A participant observed:

Berna: That's bad, real bad. 'Cause all they have me doing is going around in circles. There aren't nothing been done. They just keep setting the court dates back and back. Come back on this date, come back on this date. It's just a waste of money and a waste of time. We need more structure in the family court system, to process cases in a timelier manner, and to quite wasting people's money and time. There is relaxed attitude culture in the family court system. Yes, the court needs to be more organized, have things in order, process cases in a timely manner, and quite wasting people's time. You've got to pay full \$8.00 for parking. Each time I went to court, I will be there for not more than five minutes then I will be told to come back next time. It is waste of time, money, a waste of gas going down there!

Other participants also expressed dissatisfaction about the general court response to DV cases.

Alice: They keep canceling cases. Okay, you are here for XY. What do you say? Okay. Continues in sequester. Okay, goodbye. Next time you will come here. It is like case in, case out. Each judge I had would read the paper and would tell me you are here because of so and so, and, next time, to come here,

[and] goodbye. It is like calling the next number in a fish market. Get in, get out, case in, case out of a thing.

Kay: Whenever I went to court the only thing they do in court is to roll call names, to call you up and ask your name, then tell you to come next month. I felt it was like a waste of time coming to court only to show my face and answer present. I think the court is very slow in handling DV cases. I think more structure is needed in the way the court handles DV cases. The way the court handles DV cases is “sloppy.” Each time I went to court they would tell me to come next time. I have completed the programs required of me but have not been given custody of my children.

**Evidence found at crime scenes not always accurate.** Participants felt that the use of evidence found at the crime scene to rule in DV cases in court without doing further investigation on the parties involved could sometimes be misleading. Participants in this study revealed that sometimes immediate evidence at the deemed crime scene was not always accurately reported. For example, one participant observed:

Val: The judicial system considers evidence anything that was on the crime scene. They only use whatever evidence they have to prove that you are guilty of the crime. Well, sometimes immediate evidence is not always correct. Just because you find the strand of hair of somebody, that don't mean that they were there, it could have been somebody using their brush or somebody had whatever up there at the time. Just like my partner cut himself when he saw me picked up the phone to call the police and made it appear that we both are

aggressors. So I'm saying evidence is not always correct. This is the reason innocent people end up in prison for things that they haven't done, because of evidence at scene of crime reported by police officers.

Similar experienced was echoed by another participant:

Nancy: I called the police to get him [partner] off me, to stop beating me. He chipped my teeth, punched me and knocked me out of consciousness. I felt that he would have killed me if I did not defend myself so I strike back. When the police came he lied over me that I had a knife trying to kill him and the police slammed me in front of my child while my eyes were closed shut and I was bleeding out of my mouth.

Thus, all of the participants shared that experiencing the court system proved to be menacing due to lack of knowledge of how to navigate through the court system. Also, the inability to talk to the judge and having to deal with a different public defender for each court appearance were identified as major struggles they encountered with the judicial system.

### **Counseling Providing Healing and Empowerment**

Counseling was curative to their emotional bruises of abuse and helped some participants make peace with their past. Eleven out of the twelve participants were currently in counseling, and all except for two had not sought counseling before. All participants expressed discontent about being court-mandated to counseling.

However, some found counseling to be healing and empowering. Within this fourth major theme, two sub-themes emerged, counseling techniques with DV survivor mothers and hindrance to positive counseling experience. Participants noted that



counseling has helped them overcome their fears and reestablish greater comfort levels with themselves. Attending counseling created new support systems -- including some of the group members.

A participant shared her positive counseling experience and the gains she made attending DV group counseling.

Berna: I never sought counseling before. I did not like that they court-mandated me to counseling. However, attending counseling has helped me to revisit unfinished business, unresolved issues in my life. Each time I [came back from] went to DV group counseling, I felt like a load of stuff was lifted off my chest and off my heart. Prior to attending counseling, trusting someone with my personal stuff was a big problem. [Attending DV] counseling led me to a place I felt safe and as result, I opened up and shared the hurts I have been carrying. I shared a lot of things that probably I would not have confessed to nobody. Counseling has given me confidence to face life. I will seek counseling again should I need it.

Other participants expressed that counseling empowered them and gave them a more positive self-image and view of life. One participant described her counseling to be a good and enriching.

Tina: I hated being court-mandated to counseling. I completed 10 months of counseling and most was group DV counseling. It was [a] good, empowering experience that taught me things I did not know. Before, I thought that mental health assistance was for crazy people. But I have discovered that everyone can seek mental health help. Seeking mental health does not necessarily mean,

one went loco, and somebody has to counsel the person to bring the senses back. No. Counseling is about you counseling yourself. Counseling is really about you as you are trying to figure out who you are. It brought me a long way. When I look back and compare who I was prior to attending DV counseling to post DV group counseling, I see in myself a big difference. Counseling got my third eye open. Counseling brings out the image in you. Counseling offered me alternative views to handling issues without allowing them to get out of hand. DV counseling taught me things I did not know: respect for myself and others, dignity; how to carry myself, how to present my language; everything, it just came in one big bundle. Now I listen and talk less; I reflect now before I talk. In summary, counseling has given me [a] different lens to life, respect, dignity, to be a mother, to talk to people, all in one complete package. I would recommend counselors to continue the good work. Just keep up the good job.

Another participant, recounting her counseling experience shared:

Kay: I had a positive counseling experience. Counseling provided me a safe place that for the first time I sat down and shared my feelings with somebody and did not feel judged or blamed. Counseling empowered me a lot, opened my eyes to understanding an abusive relationship; signs, and symptoms of abuse. I am stronger. Counseling taught me the difference between a healthy romantic relationship and un-healthy relationship.

**Counseling technique with DV survivors.** The persona of the counselor and resources the counselor offered during sessions were identified to be instrumental to participants' gains in counseling. One participant shared how the counselor's "non-pushy" stance counseling technique conquered her disinterested attitude in participating in group discussions.

Nancy: I was so disinterested in it and did not want to identify with the group. I felt it was not my place, I was not supposed to be there. The counselor was not pushy about my not participating in the group conversations. I think she kind of figured it out that I was not happy being there, and, on purpose, she gave me time to deal with it while she continued to offer me what I needed to get from DV counseling. Her response to my resistance melted my stone wall and little by little, the counselor won me over.

Participants shared that both the counseling content and the persona of the counselor were influential to the gains made in counseling. Participants felt accepted, provided with resourceful information, and not judged or blamed by the counselor. Tina said, "The counselor listened to my pain, did not put me down, and provided me with resourceful information without judging me". Liz said "I felt accepted by the counselor. The counselor gave me a hearing ear, listened to what I said, so it was good. The counselor was good, did not judge or blame me."

Another interesting technique emerged during the interview, play therapy. A participant shared:

Monique: I had group DV counseling and family counseling. I personally choose to do family counseling with my daughter. Both were great counseling

experiences. The counselor offered me a listening ear and I felt my pain of abuse was heard. In family counseling with my daughter, the counselor with play therapy helped me understand the impact of my daughter witnessing my abuse. I worked with it [play therapy] more at home where I would see the picture of my daughter laying there on the bed with no arms. I knew that my daughter felt like she had no power. She was defenseless. When you see a child drawing a picture with no arms, warning of a problem or no hands, or sometimes I think, even no mouth. I am not sure how that one works -- but definitely with the no arms and no hands thing. It is a big suggestion that there's a problem with abuse there. I would seek counseling again should the need for it come.

**Hindrance to positive counseling experience.** Making assumptions by the counselor and being aloof was viewed by the participant as impediments to a pleasant counseling experience. Some participants perceived some counselors to be detached and judgmental. Two out of the twelve participants in the study shared that they had a good counseling experience but critiqued some counselors for being superficial and asking the same kind of questions. For example, one of them shared:

Jackie: Attending DV group counseling I was able to interact with other women who were also going through the same ordeal. Hearing the stories of others in the group made me feel that I am not alone, it kind of consoled me. Counseling has empowered me, opened my eyes, and made me realize the person I want to be and the person I would not want to be or situation I would

not want to find myself. ...Equally, I experienced some mental health workers that were aloof, superficial, and very judgmental. I have been through counseling a couple of times and seen a lot of counselors. So I am programmed basically to already know what to expect. It is kind of always the same routine. They will just look at you, always ask the same question, and always give the same reaction. Nod their head “Hmm, how does that make you feel?” I guess the whole point is for us to express ourselves, and that’s it. Same questions they ask. Ask us something different. Be unique. Stand out.

Another participant also shared both very positive and less pleasant counseling experience.

Nancy: Attending counseling has helped me a lot. Through counseling I have learned to give words to my feelings and express my feelings too. Now I see things clearer than before. It boosts me to do better. Counseling got me back to school. I like group counseling because I met different people [other DV survivor mothers]. They talk and it’s interesting to know that they go through things. I just listen. I felt not alone.

In addition, she noted:

Nancy: I liked my counseling experience. However, I remember vividly times I came to DV group counseling, and because of my demeanor, the counselor made a judgmental comment, “Oh you get [got] attitude” and it hurt me. So don’t look at me when I come in the DV group counseling and say she looks like she got an attitude. Ask me why do you look like this? Why this demeanor on your face? Ask me. Don’t assume. Ask me what was going on

with me. Like, “Nancy how was your week, anything bothering you that you feel comfortable sharing?” Something like that or so. I think that counselors need to ask questions and not assume. They need to check in with group members about their day or week. Not paying attention to things like this, though insignificant it might be, makes them look judgmental and detached because this was how I felt.

Hence, attending counseling was healing and a source of empowerment to the participants. The counselor’s indifferent attitude to the DV survivor mothers’ pain of abuse, being judgmental, making assumptions, and lacking creativity in applying counseling skills were identified as impediment to pleasant counseling experience.

### **Additional Observations**

While there were major themes that emerged from the interviews with DV survivor mothers, there were comments that were made that are worth noting. Some of the participants offered advice and recommendations to women and the government.

### **DV Survivor Mothers Advice to Women**

At the conclusion of each interview, this researcher asked each participant if there was anything that she wanted to comment on that the researcher did not ask. Different responses surfaced which ranged from “No”, “You had great questions” to “advice to women”, to “recommendation to the government.” One respondent spontaneously responded with advice to women who find themselves in an abusive relationship. She observed:

Val: I would advise women in an abusive relationship to leave that person alone, because they're not worth it. And once you do leave, don't turn back, because when you do turn back, most of the time it gets worse and not better. Sometimes the guys make it seem like it's going to be better, but in reality, it's worse. And when you are going through something, it is good to reach out for professional help, talk to someone. When you talk to someone, it makes you feel better because I know if I didn't reach out for help and talk to someone, I don't know where I'll be right now. Maybe in a crazy home.

One other participant echoed this similar view:

Nancy: I would advise to women to leave abusive relationships that are not working out. If you are with an abusive guy -- I do not care if you are scared or not -- if he threatens you, talk to somebody about it. Women who are scared of their partners tend to kill them because they are scared. Like I was so scared to get beat up every night and, in this particular time, I just snapped. I blanked out.

Another participant responded, Liz: "I would recommend to any woman if you are in abusive relationships seek help and if it is not working out leave for good. For alone is not too bad when togetherness hurts." Further, another participant added, that the most frequent calls from their partners about where they are it is not always caring concern but maybe a sign of control.

### **Recommendation to the Government**

Another observation that emerged from the interview was recommendation made to the government on how to assist counselors to offer free preventive DV

counseling services in schools, colleges, university, and community to help keep families together.

Kay: Counselors are doing great job. I think the government should help them offer free DV counseling programs in schools, colleges, universities, in the community as a preventive measure to keep families together. They should not wait for people to get in trouble with the law, go to court, and be referred by the court to counseling for them to learn signs of abuse and how to manage their emotions. It should not be the norm because by the time one goes to jail and comes out it is on her record and hunts the person for life. The government should do this by putting ads on TV, newspapers; get on radio stations, something like that.

Thus, an additional observation that emerged from the experiences of these DV survivor mothers charged with child neglect and court-mandated to counseling was their view of abusive intimate relationships and the need to offer free preventive DV counseling in schools and community. They advised women to leave abusive relationships that are not working out and cautioned those women to leave – not to turn back. Turning back -- most of the time -- does not change situations; they get worse and not better. In addition, recommendation was made to the government to fund free preventive DV counseling in schools and community to families together.

### **Summary**

This chapter presented the findings of this phenomenological study. Descriptions of the twelve participants were presented first, followed by major themes and corresponding subthemes relating to their experiences of child neglect charges and court-mandated to counseling. Victimization seemed to be the thread that



was interwoven throughout the interviews. It is a prominent part of these participants' experiences, echoed in their reflections, and all of the other major themes. The findings included four major themes with sub-themes. The first major theme was beaten up by the system with sub-themes of made a victim all over again and penalization. The second major theme was being placed into many programs with the sub-themes of a big hassle, psychological torture, and benefits of the program, and limits to the program. The third major theme was denial of a voice in the courtroom with sub-themes of lack of knowledge about the court system, having a different public defender at each court date, relaxed attitude in the family court system, and using caution with evidence found at the crime scene. The fourth major theme was counseling providing healing and empowerment with sub-themes of counseling technique with DV survivors and hindrance to effective counseling with DV survivors. Finally, additional observations worth noting are DV survivor mothers' advice to women and recommendations to the government to fund free preventive DV counseling in schools and communities.

Ontologically speaking, the realities of the phenomenon under investigation were subjective in nature. While each participant viewed and understood the phenomenon in a different and individual manner, a number of the responses to the interview questions had extensive commonalities readily classifiable into themes. The result evidenced by the direct quotes and descriptions, provide an answer to the research question "What are the experiences of DV survivor mothers charged with child neglect and court-mandated to counseling?" The findings reveal that the study participants felt re-victimized by the legal-judicial system's response to their cry for

help over their pain of abuse by their partners. In addition, the findings indicate that the study participants felt placed into many regimented programs that limited personal time to search for jobs or attend school to better themselves. Furthermore, they felt psychologically tortured by being forcefully separated from their children and not getting detailed information from DCF workers about the condition of their children. Also, the findings of the study reveal that the participants were denied voice in court, not allowed to talk or explain themselves to judges during their case hearings. Thus, a place they thought would give them voice, instead, drowned their cry of pain for help from abuse. They felt victimized a second time.

## CHAPTER V: DISCUSSION

This chapter provides an overview of the present study with a review of the purpose and procedures. Next, it proffers the findings of the study in relation to the existing body of knowledge about the phenomenon of DV survivor mothers charged with child neglect and court-mandated to counseling. Along with recommendations for further research concerning experiences of DV survivor mothers charged with child neglect and court-mandated to counseling, are analyses of the study's limitations as well as discerned implications for the legal-judicial system and counselors.

The research question developed to guide this study was "What are the experiences of DV survivor mothers charged with child neglect and court-mandated to counseling?" The research subquestions were: (1) What is the experience of female survivors of domestic violence with law enforcement, the judicial system, and Department of Children and Family Services? And (2) What can the legal system and counselors learn from the experiences of female survivors of domestic violence charged with child neglect and court-mandated to counseling?

A considerable number of studies have been conducted on DV in recent years, including studies on the co-occurrence of DV and child neglect. Research has shown that DV overlaps with child neglect (Graham-Bermann & Edleson, 2001; Kantor & Little, 2003). However, a paucity of research exists concerning the real life experiences of DV survivor mothers charged with child neglect and court-mandated to counseling. The intent of this study was to explore the experiences of such mothers. This study seeks to better inform the legal-judicial and mental health

systems about the experiences of DV survivor mothers and the meaning these mothers ascribe to the experience. This study also seeks to better inform counselors, judges, and policymakers about issues associated with female survivors of DV who are charged with child neglect and court-mandated to counseling.

For this study, a qualitative research design with a phenomenological inquiry paradigm was used. The rationale for using a qualitative research methodology with a phenomenological inquiry paradigm was to describe the complexities of DV survivor mothers' experiences in enough depth and detail that someone who has never experienced the phenomenon can comprehend it. For this study, this researcher sought as subjects only females between ages 18 and 45 who were in a heterosexual relationship, were survivors of DV, had minor children at the time of the abuse, and were charged with child neglect and court-mandated to counseling. The participants were selected by criterion sampling, and only individuals who have experienced the phenomenon in question were recruited. Twelve female survivors with experience of DV compounded with charges of child neglect and court-mandated to counseling were selected to participate.

Participants were recruited through a flyer (Appendix C) posted in the reception/waiting areas of mental health agencies that provide counseling services to court-referred DV cases in an urban community in the state of Florida. At the first phone contact by a prospective participant to the researcher indicating her desire to participate in the study, the researcher gave a brief summary of the study (Appendix F). Arrangements were made to meet at a mutually agreeable time and location for the purpose of conducting an interview. Permission to be interviewed was granted to

the researcher through the signing of an informed consent form (Appendix A). Information was gathered from the participants through audio-recorded face-to-face interviews. Interviews were approximately 90 minutes in length and were conducted and transcribed verbatim by this researcher only. For data analysis, the researcher followed the 3-step data analysis procedure suggested by Creswell (1998).

### **Discussion of Findings**

The primary research question was: What are the experiences of DV survivor mothers charged with child neglect and court-mandated to counseling? From the data analysis, four major themes emerged: (a) beaten up by the system, (b) placed into many programs, (c) denial of a voice in the courtroom, and (d) counseling providing healing and empowerment. For each of these major themes, several sub-themes emerged. In addition, additional observations were made by participants that were significant and unusual but have not been typically included in other studies. Victimization seemed to be the thread that was interwoven throughout the interviews. It is a prominent part of these participants' experiences, echoed in their reflections, and all of the other major and sub-themes. In the following sections, the findings are discussed in relation to the major research question and subquestions.

### **Major Research Question**

To the major research question, What are the experiences of DV survivor mothers charged with child neglect and court-mandated to counseling?, findings revealed that participants felt re-victimized by the legal-judicial system's response to their cry for help and the system in turn became an implicit source of danger rather than assistance. In other words, participants felt they were held responsible for being

abused. In the participants' view, the legal-judicial system, through its interventions and requirements, held the participants liable in different ways for the actions of their abusers. Participants expressed the view that being charged with child neglect for exposing their children to DV and court-mandating them to counseling ultimately communicated the message that somehow they themselves were responsible for being abused.

**Subresearch Question 1.** To the first subresearch question: What is the experience of DV survivor mothers with the legal-judicial system (law enforcement, judicial system, and Department of Children and Family Services (DCF)? Participants conspicuously expressed the feeling of being made a victim all over again, as described in Chapter 4.

**Experience with the Police.** Findings from this present study are consistent with prior studies where police officers responded to DV calls by making arrests, by separating the couples, or by asking one of the parties to leave the residence for a time. A majority of the participants felt that some law enforcement were reluctant to respond to their call for help as evidenced by their long response time to the emergency call and their lack of action when the abuse was reported. Had the police responded to the initial cry for help, for many participants the situation would not have escalated to domestic violence. This was consistent with Jonson, (2007). According to Jonson (2007), police officers were perceived to be helpful in those situations in which they advised and provided the victim with legal information. When victims' expectations concerning police officers' attitudes and behaviors were met, these victims were more likely to rate the officers' response to DV as positive

and satisfying in direct contrast to victims whose expectations were not fulfilled (Robinson, 2000). This was consistent with the experiences of some participants in the present study. The domestic violence survivor mothers' satisfaction with law enforcement was directly related to the quality of the services provided by the officers who respond to their calls for help.

Police officers who responded in a timely manner shared information about protection from abuse orders and provided referral information. These officers were not only helpful but also treated the women with respect, inquired about their injuries or need for medical attention, disseminated pamphlets containing information about the law and support services, and ensured their safety and that of their children. These DV survivor mothers indicated that police response of this type was helpful, and that they would likely call the police in the future if they needed help.

**Experience with the Judicial-System.** Findings from this present study also revealed that these survivors' experienced the legal-judicial system's response to their abuse as re-victimizing interventions which seem to hold them liable for the actions of their abusers. For instance, Tina said,

They made me a victim all over again...I am the one, who got beaten.  
I am the one who called the police, and I am the one that is charged  
with child neglect.

Similarly, Maggie shared, "Every time I call the police, they victimize me and if they do not victimize me, they make fun of me." Also, Berna noted, "...They ordered removing my child, sending me to jail, and allowing my partner, the abuser, to go free."

Further, these DV survivors experienced denial of their voice in the courtroom as they were not allowed to talk or explain themselves to judges during their case hearings. Hence, a place they thought would give them voice muted it and drowned their cry of pain for help from abuse. They felt victimized a second time.

Gillis et al. (2006) found that many DV survivor mothers felt traumatized by the ambivalent attitudes they encountered while navigating the judicial system. When the participants in the present study were brought into the judicial system, they felt that the system drowned their cry of pain for help from abuse. Participants complained that they were not allowed to talk to the judge about their case in courtroom. In addition, they expressed finding the court system very intimidating and of having had little prior knowledge concerning the legal-judicial system. To them the experience was “like going to see the boogeyman” and “scary” because of the court’s configuration of lawyers, judges, and other people with whom they were unfamiliar. Court officials often were unable to provide them with information to help them interact with the court.

**Experience with Department of Children and Families.** Koples and Sheridan (2002) found that through criminal prosecution, loss of custody, and termination of parental rights, DV survivor mothers who, along with their children, are subjected to abuse are often unnecessarily and unjustly punished for failing to protect their children. Removing children unnecessarily from their nonabusive DV survivor mothers adds slur to their already sustained physical injuries. Findings from the present study support this contention, as the study participants expressed feeling re-victimized by the charges of child neglect and by being court-mandated to



counseling. All twelve participants directly or indirectly expressed this view. All were abused by their partners and punished criminally or civilly for their failure to protect their children from their partner's actions. The study participants denounced the existing system for having unfairly punished them for other persons' behaviors.

Once adjudicated, several participants felt overwhelmed by the extensive requirements the court and the Department of Children and Families placed on them to get back their children. For example, some could not work or attend academic courses because of DCF mandated groups. Participants felt that DCF's programs put too much pressure on them and disregarded the effect on other aspects of the life such as school or work. A majority of the participants shared that they felt treated heartlessly by their child protective workers. Consistent with Johnson and Sullivan (2008), some DV survivor mothers in the present study felt misunderstood and unsupported by their child protective workers. Other participants had a positive experience with their child protective workers. Some child protective workers were said to perform caring gestures such as offering food stamps to mothers when they were released from jail or directing them to shelter and safety.

As pointed out by Stark (2008) referrals to counseling, parenting education, or other child protective services send the message that the DV survivor mother, not the abuser, is responsible for her victimization. For the participants in the present study, these programs are an indirect form of punishment rather than help.

**Counseling Experience.** The experiences of the participants in their court-mandated counseling are also worth noting. Findings also show that while they did not like being mandated to counseling, participants found counseling to be both

healing and empowering. For example, Vanessa shared: “I experienced counseling to be empowering and healing to my DV wounds and the emotional bruises I got navigating the legal-judicial system” Participants stated that the persona of the counselor and the helpfulness of information received in counseling sessions were among the benefits of being court-mandated to counseling experiences. Survivor mothers praised the use of counseling techniques such as effective listening; nonjudgment; a receptive attitude; patience; showing respect, understanding, empathy, and encouragement; asking questions; and exploring both the feelings and goals of counseling participants.

One participant, Nancy, shared that the counselor’s “nonpushy” stance conquered her disinterested attitude in participating in group discussions. Another, Berna, felt her counselor showed “compassion and “understanding.” A third participant, Vanessa, also highlighted her counselor’s questioning technique. She said that the counselor asked her questions such as: “What’s going on with me? How do I feel? What do I want? What do my kids want? What does my family want?” In DV group counseling the use of joining and mirroring techniques are effective to motivate the group into moving beyond the system bashing.

Gorde, Helfrich, and Finlayson (2004) found that both mental health and life skills needs must be addressed when working with female survivors of DV. The findings of this present study show that in addition to mental health service, DV survivor mothers need more support, such as housing, daycare for children, good schools for their children, medical assistance and from the legal-judicial system help them with a place to stay away from violence.

**Subresearch Question 2.** The second subresearch question was: What can the legal system and counselors learn from the experiences of DV survivor mothers charged with child neglect and court-mandated to counseling? A common hurdle for the participants, as described in Chapter 4, were (a) police not responding to DV calls on time, (b) DCF workers not providing adequate information about the condition of their children after they were removed from the mothers' custody, (c) their lack of knowledge about the court system, (d) being assigned a different public defender at each court hearing, and (e) not being allowed to explain themselves in court or to talk to the judge.

DV survivor mothers in the present study viewed the legal-judicial system's response to their abuse as interventions that tended to re-victimize them. In their view, the systems seek to hold them liable for the actions of their abusers. They would want the police to respond quickly to DV calls, enforce DV laws properly, and use portable tape recorders when responding to DV calls to ensure the accuracy of their written reports concerning DV call incidents to help ensure a fairer hearing in court. Additionally, the mothers expressed their desire that the legal-judicial system respond more positively to their victimization and for the Department of Children and Families to show greater concern about their safety and that of their children. The mothers suggested that this could be done through services that would help empower them to be independent from their abuser, services such as housing and day care. They felt that the current system cripples them with a heavy burden of required social services programs that do not allow them enough time to seek or maintain employment or to go back to school to better themselves.

Most of the study participants had little knowledge about the legal-judicial system. They requested precourt debriefings to prepare them for court. They asked the court system to process their cases in a timelier manner and allow them to talk to the judge about their cases in the courtroom. They would want the legal-judicial system to understand that they need improved advocacy, particularly within the court system, to affect change regarding their rights to attain economic assistance and housing. Further, they requested that the legal-judicial system, including policymakers, understand that the person who should be held responsible for the abusive behavior is the individual who chooses to abuse the other partner. They asked that greater attention be paid to punishing the person whose conduct had actually caused the harm rather than blaming and punishing them for their abusers' actions. In addition, they requested that services required of them to regain custody of their children be realistic. They felt that many programs they were required by the court to participate in were not related to their cases. The Department of Children and Families required them to do many programs and a lot of extra services even for unborn children, if pregnant, at the time of DV incident as well as those who had been removed. Participants had to complete the program to get their children back. Being made to enroll and participate in mandatory DCF programs put DV survivor mothers through what they felt was a crushing form of punishment.

According to Davison (1995), a man has never been prosecuted for his failure to protect his children from an abusive mother. Similarly, Koples and Sheridan (2002) note that the problem of child neglect concerning failure to protect is defined in relation to what the mother failed to do rather than in terms of what the father did.

This failure to protect concept appears to be applied almost solely to mothers. Participants asked not to have their children placed in foster care and recommended, instead, that DCF investigate cases more thoroughly and stop taking children from their parents before sending them to foster homes where they could get killed. Owing to the possibility of psychological harm to children who have been uprooted from their familial environment, participants suggested putting them with family members in extreme cases that warranted a child's removal from the parents.

Findings of the present study show that while DV survivor mothers found counseling to be healing and empowering, they did not like being court-mandated to counseling. DV survivor mothers perceived being court-mandated to counseling as another form of punishment. All participants felt they benefited greatly from counseling. They proposed across the board that the government should offer free DV counseling programs in schools, colleges, universities, and the general community as a preventive measure against DV and to keep families together.

### **Additional Observations**

While major themes emerged from the interviews, there were comments made that are worth noting. An additional observation that emerged from the experiences of these survivors was their view of abusive intimate relationships and the need to offer free preventive DV counseling. They advised women to leave abusive relationships that are not working out and not turn back. Turning back most of the time does not change situations, rather, the situation gets worse and not better. In addition, a recommendation was made to the government to fund free preventive DV counseling in schools and the community as a pre-emptive measure to keep families together.

The present study participants stated that the government should not wait for people to get in trouble with the law, go to court, and be referred by the court to counseling for them to learn signs of abuse and how to manage their emotions.

### **Implications for Legal-Judicial System and Counselors**

The present study has implications for the research and practice for both the legal-judicial system and mentalhealth. It has implications for the application of social justice in counseling. Regarding research in counseling, the study has helped fill the gap that exists in the exploration of the experiences of DV survivor mothers charged with child neglect and court-mandated to counseling. The study also adds to the body of knowledge about the experiences of DV survivor mothers, specifically from a social justice counseling perspective, and to the literature exploring the mental health and legal-judicial context in which DV cases are handled. The issue of DV provides unique challenges to couples counselors (Sperry, Carlson, & Peluso, 2006). Findings illuminate DV survivor mothers' experiences with the legal-judicial system, revealing relevant counseling issues when working with them as well as their feelings and thoughts about child neglect charges and court-mandated to counseling.

### **Implications for Legal-Judicial System**

DV survivor mothers would want the legal system to understand their experiences of being DV survivors and being re-victimized by the legal-judicial system. They felt they were held responsible for their abusers' actions, cry for help muted, and their pain of abuse discounted with child neglect charges and court-mandated to counseling. They felt re-victimized by some police, some DCF workers, and the judiciary. Participants' stories reveal unmet expectations from the legal-

judicial system. An important role for the legal system is to enforce domestic violence laws as well as to protect them from further victimization and to hold perpetrators accountable for their behavior. DV survivor mothers are being criminally charged with child neglect for the violent behavior of their abusive partners (Lombardi, 2000). Participants' stories reveal unmet expectations from the legal-judicial system. Common barriers found in the narratives of the participants were the police not responding to DV calls on time, DCF workers not giving them adequate information about the condition of their children removed, lack of their knowledge about court system, relaxed attitude culture in court system, having to deal with different public defender each court hearing, and their cry for help muted in courtroom as they were not allowed to explain themselves in court or to talk to the judge. While child neglect is a legitimate issue, this researcher has discerned that the bigger question for all entities concerned is how does one protect one's children while being beaten up by both one's partner and the system meant to defend the person? All entities concerned have an interest in understanding how a woman can protect her children while being beaten up by her partner and by the system meant to defend her. The following question must be addressed: How can children be protected from neglect due to DV in their homes without further inflicting on them and their abused mothers more psychological harm?

This present study's findings should assist judges to enhance their decision-making regarding DV survivor mothers, furnish agency, policy makers with information on victims' needs, inform law enforcement and DCF on these women's perspectives about services provided to them.

## **Implications for Counselors**

Because DV survivor mothers are often referred to counselors by the court for counseling, it is important for counselors to understand the experiences of these women with the legal-judicial system prior to entering counseling. It is also an aim of the present study to assist counselors in recognizing relevant counseling issues when working with this population. Both the counseling content and the persona of the counselor were influential to the gains DV survivor mothers made in counseling. An indifferent attitude on the part of counselors to DV survivor mothers' pain, being judgmental, making assumptions, and lacking creativity in applying counseling skills were identified by participants as impediments to the counseling experience.

Individual, marriage, and family counselors could be well served by the information provided in the present study. DV survivor mothers expressed that they would prefer that counselors not make assumptions. They asked not to be judged or blamed but heard; they want to tell their stories of pain. They asked to be talked to, not ridiculed. They participants expressed a desire that counselors be dynamic and avoid asking the same type of questions which makes counseling sessions appear to be routine.

The knowledge gained through the findings in turn can be applied to the practice of social justice in counseling with DV survivor mothers charged with child neglect and court-mandated to counseling. This knowledge would likely help counselors to probe for unjust or unequal practices that impact DV survivor mothers in their systemic environments, to acknowledge survivor mothers' experiences navigating the legal-judicial system, and to validate the feelings of these mothers.



### **Recommendations for Further Research**

While current research indicates that DV overlaps with child neglect, there is a lack of studies that explore the experience of DV survivor mothers charged with child neglect and court-mandated to counseling. This study has begun to fill the gap in the research on this phenomenon. Findings of the present study provide a springboard for future research. Such studies would provide additional understanding and insight into the legal-judicial and mental health systems with respect to the phenomenon studied, the specific concerns of survivor mothers with regard to legal-judicial system interventions, and counseling techniques which may be effective in working with female survivors of DV.

The participants in this study related that the person of the counselor and counseling content were instrumental to their counseling gain. Further research may be conducted with counselors to explore techniques effective in working with DV survivor mothers charged with child neglect and court-mandated to counseling. Also, a qualitative study could be conducted on the experiences of DV survivor fathers charged with child neglect and court-mandated to counseling. In the present study, 11 out of the 12 participants were currently in counseling. It would be interesting to explore only the experiences of DV survivor mothers charged with child neglect and court-mandated to counseling who have completed court-mandated DV counseling to see whether there would be a difference in their perception of their counseling experiences and also to assess whether attending DV counseling had an impact on their way of coping with the aftereffects of DV.

The present study's participants came from different cultural groups. Thus, a qualitative study could explore experiences of homogeneous cultural groups with the legal-judicial system to assess the effects of the cultural descriptor.

While the methodology used in this study was qualitative, future research may adopt quantitative methods to further explore the experiences of DV survivor mothers charged with child neglect and court-mandated to counseling to see whether how and where results would align or diverge.

### **Conclusion**

The purpose of this study was to gain a deeper understanding of the lived experiences of mothers who have been the victims of domestic violence and who were charged with child-neglect and mandated by the courts to receive counseling. The research question developed to guide this study was "What are the experiences of DV survivor mothers charged with child neglect and court-mandated to counseling?" The study was informed by feminist theory and by a feminist position on DV. Feminist theory is a critique on social relations which seeks to uncover the forces that work against women's rights and equal opportunities, including freedom from DV. From the feminist perspective, social and cultural structures often give men a greater amount of power and control over political and economic resources. This theory dissects women's social roles and lived experiences and serves as a lens through which to comprehend the nature of gender inequality. The feminist theory posits that the social structure supports social inequities that lead to the perpetuation of male dominance and oppression of women. The patriarchal societal dominant discourse on women and women's roles suggests that nurturing is carried

out by mothers (Dobash & Dobash, 1979; Yllo, 1998). The participants in the present study felt they were held responsible for the actions of their abusive partners. For these women being child neglect, that is, failure to protect their children from witnessing DV, is systemic and has been sustained through past and current institutional socialization. The findings of the present study reveal that mothers are blamed by the child welfare establishment, especially for their children's witnessing DV in the home, whereas men remain largely invisible. The responsibility of men in children exposure to domestic violence in the home remain overlooked.

Findings of the present study reveal an experience of re-victimization by the legal-judicial system as indicated by the study participants' narratives in Chapter 4. Victimization seemed to be the thread that was interwoven throughout the interviews. The participants characterized their child neglect charge and being court-mandated to counseling as punishment and victimization. DV survivor mothers recommend that the legal-judicial system hold the abuser responsible, not the abused, and to be more reasonable about requirements levied on them. Also, they requested that children removed from their parents be placed with relatives of the child instead of being placed in the hands of a total stranger in foster care. Findings also indicate that counseling was empowering and brought healing to salve the mothers wounds stemming from DV and from being subjected to the legal-judicial system.

Information obtained in this study could stimulate legal-judicial personnel, policymakers, and counselors to find new ways of responding to DV survivor mothers. It is important to continue to direct research efforts toward expanding our understanding of the experiences of DV survivor mothers with child neglect charges

and court-mandated to counseling. Any unarticulated intervention could lead to serious harm, such as further victimization, thereby adding insult to injury. This study reveals that DV survivor mothers feel their pain of abuse discounted and held responsible for their abusers' actions with child neglect charges and court-mandated to counseling. Research participants felt victimized and overwhelmed with the extensive requirements DCF placed on them. Some could not work or attend academic courses because of DCFS mandated groups. Accordingly, these DV survivor mothers felt chastised for something their partners did to them. They expressed disappointment over the treatment they received from the legal-judicial system that they had hoped could help them. From these mothers' shared experiences of child neglect charges and court-mandated to counseling, this researcher has discerned that they perceived punishment and victimization as the identified themes from their storied experiences. This present study participants felt held responsible for their abusers' actions with child neglect charges and court-mandated to counseling. They felt their pain of abuse discounted and cry for help muted in the court. Findings also indicate that counseling was empowering and brought healing to balm both their DV wounds as well as cure emotional injuries sustained from being subjected to the legal-judicial system.

It is therefore important to continue to search for more answers and develop a deeper understanding of the phenomenon of DV survivor mothers charged with child neglect and court-mandated to counseling. It is hoped that these findings will spur researchers to continue the exploration begun with the present study and prompt

counselors and policymakers to make use of the insights gained in working with DV survivor mothers charged with child neglect and court-mandated to counseling.

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## APPENDICES

## APPENDIX A

### Barry University

#### Informed Consent Form

You have been invited to participate in a research project entitled *Experiences of DV survivor mothers charged with child neglect and court-mandated to counseling*.

The study is being conducted by Catherine Ngozi Ekwe, a doctoral candidate in marriage and family counseling at Barry University, Miami Shores, Florida. The purpose of the study is to further understand the feelings, thoughts, and experiences of female survivors of domestic violence, charged with child neglect for exposing their child (ren) to DV and court-mandated to receive counseling. The study's intent is to understand these women's perceptions, experiences, and the meaning they ascribe to them.

You will be asked to participate in an interview session that will last for approximately 60 minutes at a venue of your choice. The interview will ask questions about your experience with the legal-judicial system and court-mandated counseling. Your responses will be audio taped. However, you may request the interviewer to turn off the audio recorder at any time during the interview.

Your consent to be a research participant is strictly voluntary. Should you decline to participate or should you decide to withdraw at any time during the study, there will be no adverse effects to you, and any data collected will be destroyed. The risks of involvement in this study may include the possibility of experiencing emotional reaction during the interviews. It is possible that the interviews may be helpful to you or that you may have a neutral reaction to the interviews. The following procedures will be used to minimize risks. Should the content of the interview cause discomfort or bring back unpleasant memories at any time during the interview, the interview will be stopped immediately. You will then be recommended to seek help from any mental health agency of your choice for counseling or be referred to a local counseling center in Miami, Florida, the Switchboard of Miami, for free counseling.

Although there may not be any direct benefits to you for participating in this research, your input will inform the legal and mental health systems in understanding the experiences of DV survivor mothers charged with child neglect and court-mandated to counseling. This increased knowledge will assist policy makers in the legal system as well as in the mental health system to evaluate their services to DV survivor mothers.

As a research participant, any information you provide will be held in confidence to the extent permitted by the law. The audio tapes will be destroyed immediately after transcription has been completed and you have confirmed that the researcher has accurately represented your comments and responses. Interview transcripts will be kept secure in a locked cabinet, in the researcher's home office to which only the researcher has access, for a period of five years, after which the data will be destroyed. Any published results of the study will protect the identity of all participants.

The following information is being provided to help you decide whether you wish to participate in the study. If you have any questions or concerns regarding the study, you may contact the researcher, Catherine Ngozi Ekwe, at (305) 890-5416, or via e-mail at [njikay@yahoo.com](mailto:njikay@yahoo.com); my faculty sponsor, Dr. M. Sylvia Fernandez, at (305) 899-3701; or the Institutional Review Board point of contact, Ms. Barbara Cook, at (305) 899-3020.

If you are satisfied with the information provided and are willing to participate in this research project, please sign below and indicate your consent. By signing this document, you consent to the interview and audio taping of the interview. Your signature below indicates that you have read and/or had explained to you the purpose and requirements of the study and that you agree to participate.

_____	_____
Signature of Participant	Date
_____	_____
Researcher	Date

## APPENDIX B

### Flyer

#### IN SEARCH OF ENGLISH SPEAKING MOTHERS BETWEEN THE AGES OF 18 AND 45 WHO ARE DV SURVIVORS CHARGED WITH CHILD NEGLECT AND COURT-MANDATED TO COUNSELING

- Participate in a research project to help us better understand the experiences of domestic violence survivor mothers charged with child neglect for exposing their children to domestic violence in the home and court-mandated to receive counseling.
- Participation is strictly voluntary and confidential. You may choose to withdraw from the study at any time with no adverse effects of any kind to you.
- Participants will be asked to be available for one face-to-face interview session from February 2011 through October 2012. Interviews will be between 60 and 90 minutes and will be held at a place convenient to the participant.
- The research is being conducted by Catherine Ngozi Ekwe, a doctoral candidate at Barry University, Counseling Department. If you are interested in participating in this research, please contact the researcher at (305) 890-5416. If you have any questions or concerns regarding the study, please contact Barry University Faculty Sponsor Dr. M. Sylvia Fernandez, at (305) 899-3701, or Barbara Cook at (305) 899-3020.



## APPENDIX C

### Letter to Mental Health Agencies

Dear Program Director:

I am Catherine Ngozi Ekwe, a doctoral candidate at Barry University, Counseling Department. I am writing to request your permission to use your agency for the purpose of recruiting participants for a research project. The aim of the study is to explore the experiences of domestic violence survivor mothers charged with child neglect for exposing their children to experience domestic violence and court-mandated to counseling, and the meaning they ascribe to this experience.

Enclosed is a copy of the flyer for recruitment of participants for the proposed study. It would be appreciated if you could post the enclosed flyer at your facility for clients to see. I will contact you by telephone to discuss this further. If you have any questions or concerns regarding the study, you may contact the researcher, Catherine Ngozi Ekwe at (305) 890-5416, or via e-mail [njikay@yahoo.com](mailto:njikay@yahoo.com); my Faculty Sponsor, Dr. M. Sylvia Fernandez, at (305) 899-3701, or the Institutional Review Board point of contact, Ms. Barbara Cook, at (305) 899-3020.

I appreciate your willingness to assist in this endeavor.

Sincerely,

Catherine N. Ekwe

## APPENDIX D

### Interview Questions

1. What was your experience as a DV survivor mother charged with child neglect:
  - With law enforcement (the police)?
  - With the judicial system?
  - With the Department of Children and Family Services (DCF)?
  - With the mental health system?
2. What was helpful to you as you interacted:
  - With law enforcement (the police)?
  - With the judicial system?
  - With the Department of Children and Family Services (DCF)?
  - With the mental health system?
3. What barriers did you encounter as you interacted:
  - With law enforcement (the police)?
  - With the judicial system?
  - With the Department of Children and Family Services (DCF)?
  - With the mental health system?
4. What are some of your struggles:
  - With law enforcement (the police)?
  - With the judicial system?
  - With the Department of Children and Family Services (DCF)?
  - With the mental health system?

5. Given your experience now with counseling:
  - Had you considered seeking counseling before?
  - Are you still continuing counseling and what is that experience like for you?
  - Would you seek counseling again?
6. What advice would you give to:
  - Law enforcement (the police)?
  - The judicial system?
  - The Department of Children and Family Services (DCF)?
  - The mental health system?
7. Is there anything that you are surprised that I did not ask about?

## APPENDIX E

### PHONE CONTACT TRANSCRIPT

At the initial phone contact with a potential participant, the following is the telephone script that will be used:

Hello, my name is Catherine N. Ekwe. I am a doctoral candidate at Barry University, and I am conducting a voluntary research study on DV survivor mothers charged with child neglect and court-mandated to receive counseling. To participate in this voluntary study, you must be at least 18 to 45 years of age and able to speak English. You must also be receiving or have completed court-mandated to counseling.

There are no direct benefits to you in this study; however, it is possible that the interviews may be helpful to you. The study may help inform legal-judicial and mental health service providers, law-enforcement personnel, judges, marriage and family counselors about experiences of DV survivor mothers charged with child neglect and court-mandated to counseling as they navigate through the system.

If you agree to participate, the informed consent form will be signed and an interview will be conducted at a mutually convenient place. You will be allowed to see the written research questions which will be asked during the initial interview. You have the right to refuse to answer any question or questions as you see fit. There will be only one interview of 90 minutes which will be audiotape-recorded and transcribed by me. Within four weeks after the interview, transcripts of the interview

will be made available to you on request for verification of the accuracy of transcripts.

You will select a pseudonym that will be the only way you will be identified throughout the study. Your name will not be used and you will be assigned a number that will be recorded on each tape recording. Any information about you is completely confidential. As a standard of the Barry University Institutional Review Board, the consent forms, any notes and transcripts will be destroyed after a period of five years. Should you experience any discomfort, I will provide you with information to seek help from the Switchboard of Miami that offers free individual counseling services or any mental health provider of your choice.