



The Impact of Domestic Violence on the experience of being a mother: a systematic review of the subjective accounts of survivors

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Abstract

Domestic violence (DV) is still a silent public health pandemic globally, more so during the COVID-19 pandemic. Domestic abuse has a well-documented impact on women and its potential transgenerational consequences for their children. However, the influence of DV on a survivor's experience as a parent is rarely studied, especially in developing nations. Through a systematic review, this study aimed to examine and synthesise current global research on DV survivors' experiences regarding their parenting capacities. The objective was to understand how DV survivors perceive how their parenting capacities were impacted by the experience of DV. Five databases were searched between the periods 2010 to 2020. Fourteen studies met the inclusion criteria. Through a thematic analysis of the included articles, three core themes emerged: first, the mothers' state of psychosocial and physical health, exacerbated or associated with the DV experience, holds association with their perceived capacity within a parental role. Second, the influence of DV on motherhood is not necessarily predictive of negative parenting practices but somewhat contingent on the mothers' ability to mobilise supportive internal and external resources, which are often restricted and disrupted by the abusive partner. Last, decisions to leave the abusive partner are complex and subjectively reasoned by the mothers, with a common intention to protect the family. These findings suggest that more comprehensive support and preventative interventions are needed in local communities to create supportive environments that are accessible to mothers who parent in the context of DV.

Keywords Domestic violence · Motherhood · Parenting · Systematic review

Introduction

Globally, women carry the overwhelming burden of domestic violence¹ as it is one of the most prevalent forms of violence against women (Kapoor, 2000), with more than a third of homicides of individuals assigned female at birth being committed by an intimate partner (Stöckl et al., 2013). The World Health Organization (WHO, 2013) found that one in three (30%) women reported having experienced domestic violence worldwide. Furthermore, the highest prevalence rate (33%) of domestic violence occurs in the African continent and Southeast Asia regions. The second highest prevalence rates are estimated at 31% in the Eastern Mediterranean region, 25% in the Americas region, 22% in Europe and other high-income countries, and 20% in the Western Pacific region. WHO (2012) defines acts of

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¹ The term “Domestic Violence” is a broad term often used interchangeably with the term “Intimate Partner Violence” (IPV) to describe a wide range of abusive acts perpetrated between intimate partners and other members of the household.

domestic violence as acts of physical violence, sexual violence, and psychological abuse for example, “insults, constant humiliation, intimidation, threats of harm, threats to take away children” (p.1) and controlling behaviours for example, “isolating a person from family and friends; monitoring their movements; and restricting access to financial resources, employment, education or medical care.” (p.1).

Although this study focused on domestic violence survivors who are mothers, it is essential to highlight the relationship between womanhood and domestic violence. As it implicitly sets the context of the relationship between domestic violence and motherhood. Distinguishing the experiences of womanhood from motherhood during domestic violence is significant because mothers who parent through domestic violence face both the obstacle of surviving an abusive partner and the mammoth task of parenting through the implicit stressful experience. This is further aggravated by factors such as mothers bearing the weight of child-care, in which parenting acts are often disrupted and controlled by the abusive partner (Anderson & van Ee, 2018). Mothering capacity refers to a mother’s ability to ensure that their child’s developmental, emotional, physical, and psychological needs are being appropriately and adequately met (Donald & Jureidini, 2004). This is not to suggest that child-care and rearing are the sole responsibility of mothers but rather emanates from domestic violence research in which women have been found to bear the weight of child-care and rearing alone, as indicated earlier (Anderson & van Ee, 2018; Kertesz et al., 2021). In the current study, mothering capacity refers to the mothers’ perceptions of what it means to be a mother. This may inevitably be influenced by the mother’s own experience of being mothered and socio-cultural standards of mothering. However, it is essential to note that available literature on the impact of domestic violence on mothering capacities lends credence to cautioning against the assumption that the experience of domestic violence will always harm the survivor’s mothering capacities (Wendt et al., 2015; Secco et al., 2016). Hence, this study considered the possibility of both positive and negative mothering capacities in the course of domestic violence.

It is essential to consider the impact of domestic violence on the mothers themselves, as their state of well-being may inform their experiences and perceptions of mothering (Sterne & Poole, 2009). Women who have experienced domestic violence have described experiences of severe mental health problems such as depression, anxiety, substance abuse, and posttraumatic stress disorder (PTSD) (Coid et al., 2003). Similarly, in the case of mothers, previous literature posits that the interpersonal effects of domestic violence on mothers and their children can manifest in multiple ways, which may be detrimental to both the mother and child’s mental health (Chemtob & Carlson, 2004). For

example, when observing the mother-infant dyad at its earliest stages, research has found that a mother’s history of interpersonal trauma exposure negatively impacts aspects of maternal functioning such as prenatal attachment (Schwederdtfefer & Goff, 2007). In this case, interpersonal trauma can be described as traumatic experiences that occur within relationships in childhood and adulthood, e.g., emotional and physical abuse and neglect, and sexual abuse (Mauritz et al., 2013). Including attachment insecurity, other mental health factors that may be associated with interpersonal trauma exposure can include depression (Fowler et al., 2013). Deficits in the mother’s quality of the parenting experience due to the depressive symptoms may develop from their experience of domestic violence and have been associated with increased child distress and internalisation of mothers’ behaviours (Levendosky et al., 2000). According to Jouriles and colleagues (2001), the impact on mental health may also further contribute to negative parenting practices in which mothers struggle to attune to their children leading to punitive responses towards their children out of frustration due to depleted emotional resources. This may be partly seen in the development of behavioural problems in their children (Osofsky, 2003).

Rossman and Rea (2005) reported findings indicating that, compared to control participants, battered mothers favoured permissive parenting practices and noted more inconsistencies in their parenting practices. The study also found a positive correlation between higher permissive parenting levels and higher anxiety and internalisation difficulties in children. Besides child-rearing outcomes, in many cases, parenting may be seen as a subjective experience in which there is no perfect parent or perfect child, but rather a good enough parent (Winnicott, 1953; Cabo et al., 2022). Meaning parenting style could be seen as a dynamic representation of the parent’s own experience of being parented as well as both internal and external experiences of being in the world.

When considering maternal deficits, it is important to also bear in mind the role of the social environment in the survivors’ experience of mothering. For example, when considering cultural norms of raising children and gender roles, one needs to also then consider the cultural context and how it defines standards of parenting, more specifically mothering, to better understand perceptions and experiences of maternal failures and successes. Chrisler (2013) argues that ideas of womanhood and manhood are socially constructed. As such gender roles and gender identity-related norms are created with implications whereby conformity is rewarded with a sense of belonging amongst other psychosocial factors, while deviance is deterred with social penalties. All of which have an impact on a mother’s sense of self and maternal self-esteem. Western motherhood studies further

highlight women's experiences of feeling pressured towards intensive mothering norms, which comes with the burden of attempting to meet and keep up with expectations of perfect parenting, often resulting in parental burnout (Meeussen & Van Laar, 2018).

As aforementioned, it is also imperative to note that it is not always the case that domestic violence leads to poor parental functioning within the mother-and-child relationship. Some mothers have reported being able to mobilise their parenting capacities and attune and respond to their children in compassionate ways despite their hostile environment which threatens both their state of well-being and their child's well-being (Levendosky et al., 2000). Graham-Bermann et al. (2007), reported that some battered mothers can mitigate the negative impact of poor socio-emotional outcomes on their children by attending to the children's emotional needs. Consequently, the mothers' warmer responses toward their children may present as a protective factor against the psychological impact of the violent environment in which they are raised (Holt et al., 2008). Similar arguments are made in more recent studies that highlighted a positive correlation between child exposure to domestic violence, the mother's trauma symptomatology (depression, anxiety, and posttraumatic stress), and the high prevalence of behavioural problems in their children (López-Soler et al., 2017; Greene et al., 2018).

Experiences of domestic violence are systematic and multi-layered and not limited to individual experience. Social trauma caused by the social environment is a notable aspect of the domestic violence survivor's experience in which they may experience stigmatisation, blame, and discrimination (Lindhorst et al., 2007). Thurston and Vissandjée's (2005) Ecological Framework is particularly helpful in mapping out and conceptualising the systematic and multi-layered nature of violence on women's health in a society (Montesanti, & Thurston, 2015). The micro-level of the model encompasses biological factors, beliefs and attitudes, and personal history factors that influence an individual's likelihood of becoming a victim or perpetrator. It is at this level that interpersonal violence occurs within family and intimate or close relationships. The Meso-level reflects how an individual's close social relationships influence the risk of violence e.g., local communities etc. Lastly, the macro-level of the model views domestic violence at the national level within a society. This refers to governmental interventions, such as but not limited to, policy and legislation drafting as well as state-funded awareness campaigns nationally. Specifically, in this case, understanding the contextual circumstances of the mothers and how they might aggravate or alleviate some of the challenges these mothers face as it relates to their parenting is vital. The current study aimed to examine and synthesise the recent global research data

on domestic violence survivors' perceptions of their parenting capacities as influenced by their experience of domestic abuse.

Methods

Research design

This study used a qualitative systematic review method (Finfgeld-Connett & Johnson, 2013). Uman's (2011) eight-step process for conducting a systematic review was also used to guide the research method. Following the eight prescribed steps, the researchers began by formulating the review question. Then the researchers defined the inclusion and exclusion criteria and developed a search strategy to locate relevant studies for inclusion. Once this process was completed the researchers selected the final 14 included studies from which data was extracted for the analysis. Lastly, the researchers assessed the study quality and the results were analysed, interpreted and disseminated. The researchers opted for this research design due to its focus on selection bias reduction through appropriate literature identification, appraisal, and synthesis, which distinguishes the systematic review from other narrative-related data collection techniques (Uman, 2011).

Search process

Data collection was conducted following the procedures outlined by the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) criteria (Moher et al., 2015). The results were obtained from five databases: EBSCOhost: Psychology and Behavioural Sciences Collection, APA PsycINFO, MEDLINE complete, SocINDEX Full Text, and Sabinet. These databases were selected as they provide a wide range of international and African-based academic literature.

The search phrases used include Mothering AND Domestic Violence; Motherhood AND Domestic Violence; Mothering AND Intimate Partner Violence; Motherhood AND Intimate Partner Violence; Mother AND Domestic violence AND Parenting + subjects ("qualitative study"; and "interviews"). The search phrases were determined based on a preliminary search which yielded search results that were substantial and relevant to the study's inclusion and exclusion criteria. All five search phrase variations were used in succession on each database. The search phrase variation was changed after the researcher had reviewed all results generated by the respective search variation. Finally, a rigorous search of the phrases through the titles, abstract, and the full text of the article resulted in articles that were collected

for further screening using the inclusion and exclusion criteria. The first author conducted the screening process under the supervision of the third author.

Study eligibility

There were no geographical restrictions on articles searched. The inclusion criteria for journal articles in this study were defined according to the following:

- i. Journal articles published in the past ten years (2010–2020), written in English.
- ii. All types of observational studies with qualitative research designs (e.g., cross-sectional, cohort or longitudinal, and case-control), focused on domestic violence survivors' experience of their parenting capacities and capabilities.
- iii. The population of interest is domestic violence survivors who are mothers.

The exclusion criteria were defined according to the following:

- i. Unpublished or grey material published before 2010 and not published in English.
- ii. Research studies were conducted on cisgender women survivors of domestic violence who are not mothers.
- iii. Studies that have a quantitative and mixed-method research design.

Data analysis, extraction, and quality assessment

Data were analysed using thematic content analysis, which enabled the researcher to systematically sift through the secondary recorded data collected from the various academic articles (Babbie & Mouton, 2005). The thematic analysis proceeded in six stages (Braune & Clarke, 2006). In the first stage, the researchers familiarised themselves with the data through repeated reading of the data and noting down initial ideas. The second stage involved generating initial codes tabulated in a Microsoft Excel Spreadsheet. In the third stage, the researcher identified themes by grouping the generated codes. The fourth stage involved checking the themes related to the coded extracts from the dataset. Once the relevant themes had been identified, they were all refined. In the fifth stage, clear definitions and names were generated for each theme to be concise and descriptive of what each theme is about. Finally, the researcher wrote and reported the findings for the sixth stage once all the initial steps were completed. The included articles were critically appraised

following the Critical Appraisal Skills Programme (CASP) checklist tool (Critical Appraisal Skills Programme, 2018).

This qualitative study further appraised its data verification standards according to Guba's model of trustworthiness. Lincoln and Guba (1985) disseminate the trustworthiness criteria into four aspects. Firstly, *credibility* relates to the confidence one can have in the truth of the findings. Secondly, *transferability* relates to the study having applicability in other contexts meaning a vivid account of the used methods by the researcher. The third is *dependability*, relating to the consistency of the findings with the technique. Lastly, *conformability* relates to the study's objectivity and how the researcher ensured a degree of neutrality to not bias the results (Pandey & Patnaik, 2014).

Ethical considerations

This study received ethical clearance from the [author's institution] ethical board. The analysed studies all adhered to standards of identifying information concealment techniques where relevant. Additionally, all articles included for analysis were available in the public domain; thus, no special ethical considerations were required (Tripathy, 2013).

Findings

The literature search strategy identified a total of 306 journal article records from the five database search engines. There were no other records identified through other sources. After the removal of duplicate records, 220 articles were screened. A further 196 articles were excluded within the title and abstract screening process, retaining 24 records suitable for full-text screening. An additional ten articles were excluded per the inclusion and exclusion criteria, retaining a final 14 articles for inclusion and quality appraisal (see Fig. 1).

Description of included articles

Table 1 includes an overview of the descriptive data of the included articles. All the studies used a qualitative approach; thirteen used interview techniques that varied from individual semi-structured interviews (Damant et al., 2010; Pels et al., 2015; Wendt et al., 2015; Bentley, 2017; Bohrman et al., 2017; Cort & Cline, 2017; Jones & Vetere, 2017; Fogarty et al., 2019; Hauge & Kiamanesh, 2020), group interviews (Scrafford et al., 2020) and a combination of both (Lapierre, 2010a, b; Meyer & Stambe, 2020), as the data collection method. Only one study used secondary data analysis (Secco et al., 2016). The studies were conducted in Canada, the United States, England, Norway, Australia, and the Netherlands. Across the fourteen studies, domestic

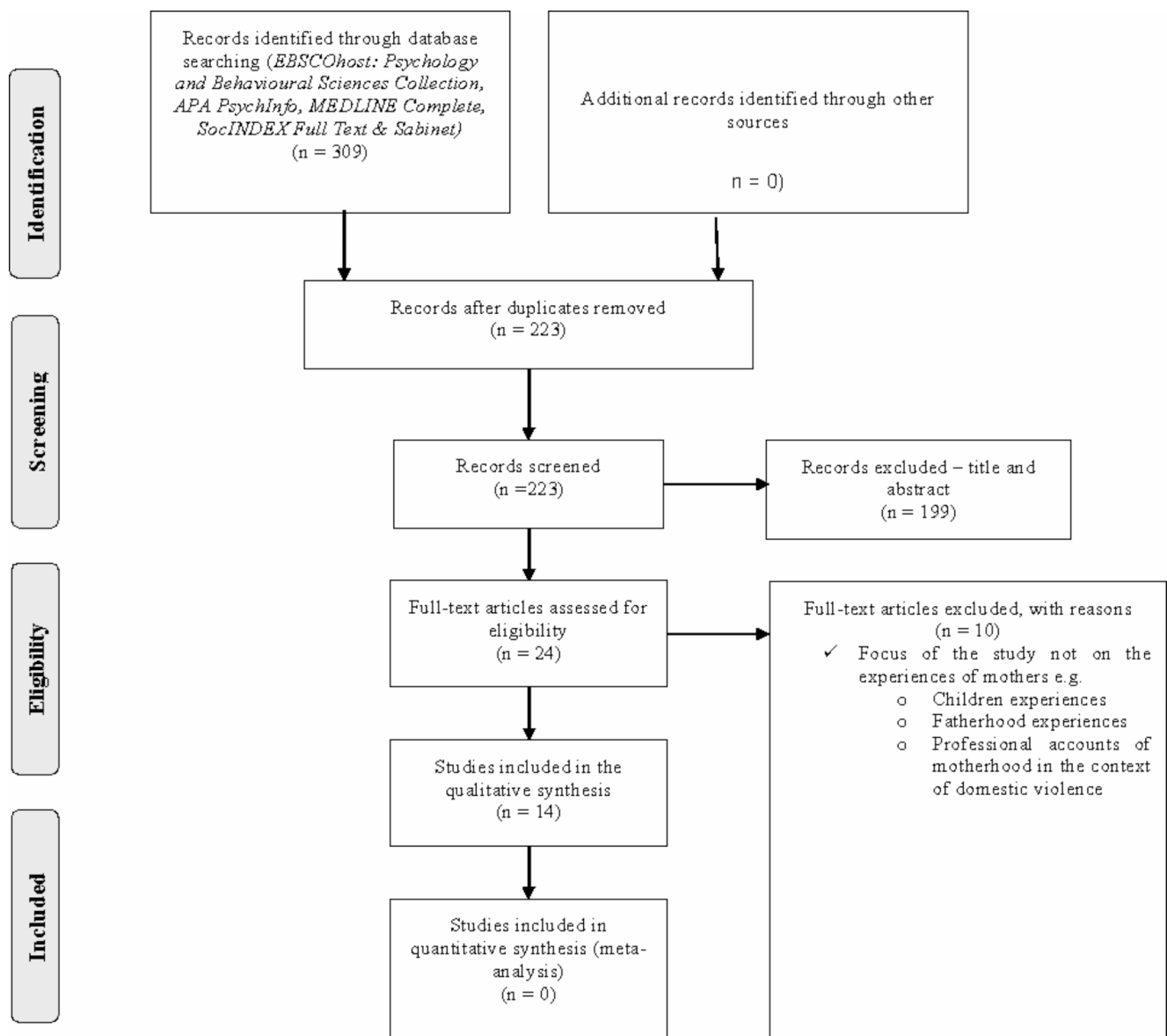


Fig. 1 Flow Diagram for article Inclusion and exclusion, according to PRISMA (Page et al., 2021)

abuse was constituted by the experience of either psychological, emotional, physical, sexual, or financial abuse. The age of the participants across the fourteen studies ranged from 15 to 67 years. All the studies targeted mothers who were cisgender women. The common forms of domestic abuse experienced by the mothers across the 14 analysed articles include physical violence, psychological abuse and controlling behaviours perpetrated by the abusive partner. Only two out of the 14 articles reported some participants experiencing sexual violence within the context of domestic abuse. Three core themes emerged from the analysis of the 14 articles, namely, the influence of domestic violence on mothers' psychosocial and physical health, the power of

domestic violence on motherhood, and leaving the abusive partner (Table 2).

Influence of domestic violence on mothers' psychosocial and physical health

The influence of domestic violence on mothers' psychosocial and physical health was a recurrent theme across all fourteen studies, highlighting how survivors perceived the role and impact of their abusive partners on their mental and physical health and their ability to mother. The mothers in all the included studies reported their abusive partners having a central role in their state of well-being, which further disrupted the mothers' ability to attend to their mothering

Table 1 Descriptive information for the included articles

Author(s)	Sample	Participant age range	Research design	Country	Data collection
Bentley (2017)	22 Mothers	20 - 64 Mean = 42.6	Qualitative	Canada	Individual semi-structured interviews
Bohrman et al. (2017)	32 Mothers	15 - 53 Mean = 32.3	Qualitative	United States	Individual semi-structured interviews
Cort and Cline (2017)	7 Mothers	26 - 55	Qualitative	England	Individual semi-structured interviews
Scrafford et al. (2020)	22 Mothers	18–42 Mean = 27.75	Qualitative	United States	Focus group
Lapierre (2010a)	26 Mothers	21 - 67	Participative & Qualitative	England	Individual semi-structured interviews and group interviews
Hauge and Kiamanesh (2020)	23 Mothers	*	Qualitative	Norway	Individual semi-structured interviews
Wendt et al. (2015)	9 Mothers	36–56 Mean = 41	Qualitative	Australia	Individual semi-structured interviews
Meyer and Stambe (2020)	17 Mothers	18–42 Mean = 34	Participative & Qualitative	Australia	Individual semi-structured interviews and group interviews
Fogarty et al. (2019)	9 Mothers	41 - 54 Mean = 47	Qualitative	Australia	Individual semi-structured interviews
Secco et al. (2016)	49 Mothers	Mean = 28.72	Qualitative	Canada	Secondary analysis of individual semi-structured interview data
Lapierre (2010b)	26 Mothers	21 - 67	Participative & Qualitative	England	Individual semi-structured interviews and group interviews
Pels et al. (2015)	100 Mothers	Mean = 40.36	Qualitative	Netherlands	Individual semi-structured interviews
Damant et al. (2010)	27 Mothers	26–50 Mean = 38.4	Qualitative	Canada	Individual semi-structured interviews
Jones and Vetere (2017)	8 Mothers	25–55	Qualitative	Norway	Individual semi-structured interviews

standards or perceive themselves as good mothers. This theme is discussed across two sub-themes concerning the mother's psycho-social and physical health below:

Psycho-social health

Some mothers expressed experiences of struggling with juggling parental responsibilities such as childcare and trying to cope with their deteriorating mental health e.g., depressed mood and emotional exhaustion (Bentley, 2017; Fogarty et al., 2019). Alongside the depressed mood, some mothers expressed experiencing a sense of low self-esteem and poor self-concept due to the constant emotional abuse by their partners, who often criticised and targeted their parenting ability (Lapierre, 2010a). In the same study, one mother stated:

"I felt stupid. Like, you are supposed to be the role model, and no one is supposed to talk down to you

And to be living like that, I just felt stupid and like I weren't a very good mum." (p. 1445).

Some mothers expressed feeling so down and emotionally exhausted that they at times considered giving up on their children out of fear of doing more damage by not being as emotionally available as they wanted to be or thought they should be, as mothers (Cort & Cline, 2017; Scrafford et al., 2020). In a study by Bohrman et al. (2017), some mothers expressed turning to alcohol to cope with their abusive environment and often reported not being aware of the true extent of the impact of domestic abuse on themselves until they noticed the negative impact of excessive alcohol consumption on their children.

Physical health

All the analysed studies reported findings of women who experience domestic violence being at an increased risk of negative physical and mental health difficulties due to

Table 2 Summary of themes and subthemes extracted from the eligible studies

Themes	Subthemes
1. Influence of domestic violence (DV) on Mothers' Psychosocial and Physical Health	1.1. Psycho-social Health ▪ Poor mental health: Depression, anxiety, emotional exhaustion, poor self-concept, low self-esteem ▪ Social isolation, loneliness, and dependence 1.2. Physical Health ▪ Physical injuries and neglect of physical wellbeing
2. Influence of DV Motherhood	2.1. Defining Motherhood ▪ Observed childhood experiences of mothering ▪ Responsibility as the sole caregiver and homemaker ▪ <i>Supermom</i>: prioritization of meeting children's needs as well as husbands above own ▪ Emotional and psychological support ▪ Ability to mobilise resources to meet children's physical needs 2.2. Negative Parenting Practices ▪ Diminished Mothering Capacity: Anger, impatience, intolerance ▪ Abusive partner control over-parenting 2.3. Positive Parenting Practices ▪ Desire to be good mothers ▪ Attentiveness and response to children's needs ▪ Ability to mobilise resources ▪ Resilience 2.4. Protection of Children
3. Leaving the abusive partner	3.1. Barriers to leaving an abusive partner. ▪ Fear of children being taken away ▪ Fear of social judgment and victimisation ▪ Fear of <i>mother blaming</i> by intervening social development workers ▪ Dependency (emotional and financial) ▪ Staying to protect others ▪ History of normalized violence 3.2. Transgenerational trauma transmission ▪ Awareness of traumatic impact on children ▪ Fear of long-term implications on children due to DV exposure 3.3. Decisions to leave an abusive partner. ▪ Physical attacks by abusive partner on children ▪ Prioritising own and children's wellbeing ▪ Children intervening as their mother's protector

domestic abuse (see Table 1: Descriptive information for included articles). Mothers experiencing domestic violence often feared being physically hurt or even killed by their abusive partners if they tried to defend themselves and their children (Scrafford et al., 2020). In the study by Bentley (2017), a mother reported the frustration of not being able to care for her children but rather her children caring for her. The mother recalled a stark memory of her children bringing her dinner in bed and nursing her to health, considering the deterioration of her physical health as a result of her partner's physical abuse. Similar sentiments were expressed in another study, whereby mothers reported neglecting their physical health by not eating due to prioritising their

children's and husbands' needs to their detriment (Fogarty et al., 2019). Another study reported that some mothers disclosed mobility impairments caused by their partner's physical abuse (Lapierre, 2010b). Threats to physical health included multiple reports from mothers from another of the analysed studies, reporting having had miscarriages due to their partner's physical violence (Lapierre, 2010a).

Influence of domestic violence on motherhood

This theme is explored over three subthemes: Defining Mothering, Negative Parenting Practices and Positive Parenting Practices. Child age was not highlighted as a theme in the case of parenting due to minimal reporting on child age in some studies and broad age ranges with no reference to any factors relating to child age and experiences of mothering.

Defining motherhood

This sub-theme consolidates the mothers' perceived definitions of motherhood, setting the parameters for determining negative and positive parenting practices. Despite the diversity of ways mothers perceive what it means to be a mother, some standard features were found across some of the studies. Such commonalities include a universal striving to be *good* mothers. A good mother was generally defined by mothers as; having the ability to meet and respond to her children's emotional needs (Bentley, 2017; Scrafford et al., 2020). This is within the context whereby mothers were the primary caregiver to children and assumed the role of homemaker in all the studies included. Motherhood was also defined according to the mother's ability to protect their children from harm (Hauge & Kiamanesh, 2020). A mother's ability to prioritise the needs of her children before her own, at times even to her detriment, seemed to form part of the reported representations of motherhood (Wendt et al., 2015). Similarly, one of the mothers stated, "*A mother doesn't care about herself; her thoughts are for her children.*" (Lapierre, 2010b, p. 348).

Ideals of motherhood included the mother's ability to mobilise resources such as food, shelter and money, to meet the children's and family's physical needs (Hauge & Kiamanesh, 2020). Perceptions and standards of motherhood tended to be strongly influenced by the mother's own observed childhood experiences of their mothers as well as the controlling oversight of their abusive partners regarding parenting practices (Bohrman et al., 2017).

Negative parenting practices

This sub-theme highlights how domestic violence negatively impacts mothers' ability to attend to their perceived mothering standards, thus contributing to negative parenting practices. Across the analysed studies the mothers expressed three standard features which the mothers identified as deficiencies in their parental capacity due to their experience of domestic violence. The three standard features are discussed below.

Diminished mothering capacity In three studies, some mothers reported struggling with attentiveness towards their children's emotional needs due to feeling already emotionally and physically exhausted attempting to survive their circumstances of domestic abuse. The mothers reported rather prioritising meeting the children's physical needs. For example, managing feeding, school attendance, and physical health. The children's physical needs were prioritised because they required fewer internal resources such as empathy, compassion, and nurturing (Secco et al., 2016; Bentley, 2017; Fogarty et al., 2019). Some mothers reported struggling with being patient with their child and would get easily overwhelmed and frustrated by their child's bad behaviour, often resorting to shouting at their child out of frustration and fear that their child's bad behaviour would attract the abusive partners' unwanted attention (Damant et al., 2010). For example, a mother recalled the impact of her anger and frustration towards her partner, decreasing her ability to tolerate her crying child. *"I tried everything I could to make her stop. I felt so angry inside I felt myself tense right up. I'd just shut the door and let her cry"* (Secco et al., 2016, p. 642).

Partner control over parenting Fear and power were highlighted across the various studies as tools used by the abusive partner as barriers to mothering in the household. For example, the abusive partner's violence extended to the mother-child maternal relationship through constant criticism of the mother's parental abilities in front of the children as well. Constant criticism of the mothering abilities created more self-doubt and insecurity in the mother, securing the mother's dependence on their abusive partner (Lapierre, 2010a; Damant et al., 2010). One study particularly highlighted that mothers had no sense of control over their parenting because they were under their partner's scrutiny (Secco et al., 2016).

The mothers reported that their partners would dictate their parenting, including dictating when the mothers should respond to their children's needs and how (Cort and Clineb, 2017; Meyer & Stambe, 2020). In another study, a

mother recalls having to try to balance not triggering her partner's parental insecurities and feeding her child, stating; *"He kind of stopped me from breastfeeding as well, because he was—I was breastfeeding, and he was getting all stroppy because he wasn't, he couldn't do what I was doing, you know bonding with the baby"* (Jones & Vetere, 2017, p. 82). The mothers reported how their partners used fear through threats of taking children away or hurting the children should they attempt to leave the relationship (Hauge & Kiamanesh, 2020; Meyer & Stambe, 2020). In some studies, mothers highlighted the abusive partner's control over access to resources such as food, money, and shelter, further securing the mother's compliance (Bohrman et al., 2017; Meyer & Stambe, 2020).

Positive parenting practices

This sub-theme further highlights findings on positive parenting practices that the mothers achieved despite their difficult circumstances. While mothers experience violence, sometimes they use this experience as strength in taking care of their children by striving to be good mothers (Lapierre, 2010a, b). In two of the analysed studies some mothers expressed that their desire to be good mothers was influenced by factors such as societal perceptions of what it means to be a good mom, as well as a form of protection of the children; through over-compensatory behaviour to shield the children from the reality of domestic violence in the household. (Bohrman et al., 2017; Hauge & Kiamanesh, 2020). However, it was also noted that these positive parenting practices were at times skewed towards the unrealistic striving for *perfect* mothering (Lapierre, 2010b). For example, in the same study, one of the mothers explained that her perception of being a good mother is *"to be this perfect mother who gets up, you know, functions and cleans the house, and cooks the dinner, makes everyone happy."* (p348). According to the mother's accounts, good mothering was also indicated by positive parenting practices. Positive parenting practices are discussed below according to child protection, sensitivity and response to child needs, and ability to mobilise resources.

Nurturing, compassionate and sensitive towards children's needs Nurturing abilities, compassion, and sensitivity toward children's needs were highlighted as some of the ways the mothers attempted to insulate their children from the traumatic impact of domestic violence (Hauge & Kiamanesh, 2020). In some studies, the mothers described nurturing through behaviours such as constant encouragement and affirming of children in school and home activities. (Cort and Cline, 2017; Bentley, 2017). Compassion was described as the mother's emphasising awareness of

how they respond to their children, their tone, and the words used (Scafford et al., 2020). Sensitivity towards children's needs and thereby reducing any possible experience of deprivation or trauma was highlighted by the mothers in one of the studies as necessary in reducing the total impact of the children's experience of domestic violence in the household (Cort & Cline, 2017). Interestingly, it was also noted that some mothers expressed that their experience of domestic violence heightened their maternal capacities, which aided them in connecting more with their children despite the disruptive and violent home environment in which they raised their children (Scafford et al., 2020). In another study, mothers reported how they were able to attend to their children's needs despite the negative impact of their abusive partner, stating:

I never became a careless mother. That's what he did. He changed and moulded me into this person I wasn't, and I had to come out of that. The hardest thing was dealing with it; I put my things aside and focused on the kids a lot, trying to get them to feel safe and happy (Meyer & Stambe, 2020, p. 11).

Ability to mobilise resources Mothers highlighted the need to be able to mobilise resources such as finding employment and money for school fees, food, and shelter as important in ensuring their children's well-being (Bentley, 2017; Bohrman et al., 2017; Lapierre, 2010a). This is in the context of mothers being solely responsible for all aspects of child care, including meeting material, emotional, physiological, and developmental needs. The need to mobilise resources came from the need to provide for their children, as they were often financially dependent on their partners. In another study, a mother from one of the studies conducted in Australia recalled looking toward career skills development to empower herself to mobilise the necessary resources to sustain herself and her children (Fogarty et al., 2019).

Resilience The mothers across the studies highlighted resilience as an essential aspect of survival for themselves and their children living in circumstances of domestic violence. Resilience was reported as a significant aspect of survival both during and after leaving the abusive relationship. The mothers defined resilience as being able to find the strength to go on (Fogarty et al., 2019). Some mothers in the various studies reported deriving their sense of resilience from their social identity as mothers (Fogarty et al., 2019). Mothers described their awakened sense of maternal identity providing them with an existential sense of meaning and purpose that helped them to strive to be good mothers to their children (Secco et al., 2016). Other mothers described deriving their resilience from the fear of their child experiencing any

further harm due to a lack of adequate parenting (Lapierre, 2010b; Wendt et al., 2015; Fogarty et al., 2019).

In some studies, mothers reported deriving their sense of resilience from feeling heard, understood, supported, and empowered in the local non-governmental programs they had joined for domestic violence survivors, such as support groups (Cort & Cline, 2017). Some mothers highlighted that their willingness to accept institutional help was contingent on the formal institutions taking on a collaborative and supportive approach as opposed to a judgemental and prescriptive approach with minimal consultation (Hauge & Kiamanesh, 2020).

Protection of children

To protect their children from domestic violence, some mothers reported having to accept the reality of their circumstances of domestic abuse as opposed to denial of their, for their children's sake (Wendt et al., 2015). In another study, mothers highlighted having to learn to be hyper-vigilant of their abusive partner's emotional states and to be able to anticipate their partner's violence and remove their children in time from the environment. Mothers further attempted to insulate their children from the violence by sending the children to stay with relatives, away from unsafe home circumstances (Hauge & Kiamanesh, 2020; Lapierre, 2010b). In one of the studies, a mother stated, "*I just remember just trying to get the kids out of the way whenever he comes in. I would try and make sure that they were in bed.*" (Lapierre, 2010b, p. 350). However, violent outbursts were also noted to be difficult to predict as they were often random (Bentley, 2017). Parental perceptions of child age being associated with comprehension of the abuse highlighted some of the limitations of the mother's ability to protect their children from their partner's abuse and manipulation. In one study, a mother disclosed that her abusive partner attempted to avoid being perceived in a negative light by their older children by concealing the abusive behaviour towards the mother when the older children were not at school; however, the younger children who did not attend school witnessed everything (Meyer & Stambe, 2020).

Leaving the abusive partner

Some mothers chose to leave their abusive partners, and some decided to stay, primarily because of protection. All these choices were mentioned to have consequences for the women across the studies. Although this theme also highlights elements of protection, it is to be distinguished from the previous sub-theme of protection of children as it also highlights features unique to leaving the abusive partner,

including extending elements of protection beyond children. The following three sub-themes explore the barriers women face to leaving their abusive partner and their decisions to leave their abusive partners.

Barriers to leaving an abusive partner

Fear, power, and lack of knowledge formed the central barriers to leaving the abusive relationship. For example, studies such as Meyer and Stambe (2020) highlight the coercive control tactics abusers employ. Mothers in such situations describe their partners' threats of violence as a significant barrier to escape, with these threats targeting not only the mothers themselves but also their children and other close family members. As a result, some mothers choose to stay in the abusive relationship as a form of protection for their children and others they care about. Some mothers reported the decision to leave the abusive relationship being made difficult by the partners' threats to take away the children or have the children taken away by child protection services (Bentley, 2017; Hauge & Kiamanesh, 2020). Financial dependency on the abusive partner and fear of social alienation and stigmatisation were also noted as barriers to leaving (Bohrman et al., 2017; Cort & Cline, 2017; Hauge & Kiamanesh, 2020). A participant from Bohrman et al. (2017, p. 704) highlighted her fear of social alienation and stigmatisation for leaving her abusive partner stating, *"And I feel so bad because they say if I don't have no contact with my son's father, then I'm a bad mother"*. Some mothers reported feeling stuck in their abusive relationships due to the familiarity of the relationship and increasing fears of the unfamiliarity of being independent of the abusive relationship, especially in their socially isolated circumstances (Fogarty et al., 2019; Hauge & Kiamanesh, 2020; Scrafford et al., 2020).

Transgenerational trauma transmission

This sub-theme highlighted the mother's reported awareness and observations of the traumatic impact on their children and their fears of the children suffering long-term generational implications due to domestic violence. For example, in some studies, mothers expressed fears of modelling man-woman relationships based on victimisation and perpetration. They feared their daughters would one day be victims of domestic violence and their sons would be perpetrators of domestic violence (Bentley, 2017; Scrafford et al., 2020). A participant in Bentley (2017, p. 43) feared that if she did not leave her abusive partner her children may inherit her story of victimisation by an intimate partner, *"... I deserve more... they deserve ... a chance ... and I needed to show them. I didn't want them to end up like me so I left when it was safe*

...". Mothers reported observing behavioural problems in their children, which they linked to their children's exposure to domestic violence. Similarly, another mother stated, *"My biggest fear ... is that my girls are going to not know how to choose guys ... My oldest boy ... has seen guys that haven't treated his mom really good, and he's got anger problems already"*. (Scrafford et al., 2020, p. 15; Lapierre et al., 2010a, b; Hauge & Kiamanesh, 2020; Wendt et al., 2015; Meyer & Stambe, 2020). Some mothers who had left the abusive relationship sought help from mental health professionals for their children's behavioural difficulties. Other mothers reported being able to identify attachment-related challenges with their children, such as clinginess, anxiety, and parentification, i.e., parent-child role reversal (Wendt et al., 2015).

Decisions to leave the abusive partner

The mothers reported three main reasons for leaving their abusive relationships. Firstly, some mothers identified episodes in which their partners also started being violent towards their children, as the catalyst for decisions to leave (Bentley, 2017). Secondly, some mothers reported deciding to leave after their children had attempted to protect them against their partners' violence. The mothers noted their children's shift from passive roles in domestic violence to active agents as their mother's protectors, as a significant catalyst that awakened their sense of maternal agency to decide to leave (Lapierre, 2010b; Secco et al., 2016; Meyer & Stambe, 2020). Lastly, some mothers reported prioritising and aiming to uphold their children's psychological well-being and that of their own by deciding to leave the abusive relationship (Scrafford et al., 2020).

Discussion

From the short review above, key findings emerge which express a common experience among survivors from the 14 analysed studies; of domestic violence as damaging, disruptive and alienating. An observable feature of this study's findings is the overlap in the extracted sub-themes, namely "Physical Health" and "Defining Motherhood". While the two sub-themes are distinguishable from each other in that the Physical Health sub-theme captures the impact of domestic abuse on the mother's physical health, while the Defining Motherhood sub-theme captures how the mothers define what motherhood is and means for themselves. In this case, the researchers argue that the noted overlap in the sub-themes is rather an indication of the interconnected nature of the relationship between how motherhood is defined by the mothers and how those definitions may be shaped by the mothers' experience of domestic abuse while parenting.

This argument is in line with the arguments of Peled and Gil (2011) who highlight the interconnected nature of the mothers' definition of motherhood and how those definitions can be skewed by their experience of abuse. To lend further credence, in their paper the same authors argue that mothers who are experiencing domestic violence may encounter challenges in fulfilling their maternal potential due to a dissonance between their expectations of motherhood and the practical realities of caring for their children. This dissonance is said to evoke in the mothers, internal conflicts and negative affective states, such as guilt, feelings of inadequacy, and frustration.

A common feature among the survivors from the various studies was a present sense of striving to be “good mothers” in the context of domestic violence. Further, the outcomes of this study provided further insight into the multi-layered or rather systematic extent of the impact of domestic violence on survivor mothers and their children, which played out in the social environment (e.g., social norms, community, schools, shelters, social services & public policy, etc.). The social environment held both the potential roles of the rescuer (access to resources and support) and the secondary perpetrator (social alienation and fear of separation from children).

These findings are in accordance with the existing literature on the impact of domestic violence on women and children, which documents the harm such violence causes to the physical, psychological and social well-being of women and children (Fauci & Goodman, 2020). Interestingly, emerging research has expanded the scope of inquiry to also consider the extent of the impact on those around victims of domestic violence. Recent research findings indicate that even the support networks of the survivors may also experience a substantial negative impact, including vicarious traumatization and the risk of physical harm (Gregory et al., 2017). Similar findings emerged from this study with mothers from one of the reviewed articles reporting that barriers to leaving the abusive relationship included threats by the abusive partner of inflicting harm on the mothers' support system.

This study's findings tie well with existing literature wherein it has been found that mothering during domestic abuse should not be assumed to necessarily lead to negative parenting practices; as some mothers reported positive parenting practices despite the household violence. Possible predictors for those mothers who reported being able to offer what they perceived to be positive parenting practices versus those who had experienced themselves to have offered their children what they perceived to be negative parenting practices are unclear. We speculate that *resilience* may be a noteworthy consideration with regard to motherhood experiences during the course of domestic abuse.

More recent research suggests that mothers' sense of resilience may be associated with the mothers' ability to

make sense of their experience, help-seeking, career development and focus on children to help manage both internal and external strain caused by domestic abuse (Fogarty et al., 2021). Further, other studies suggest a positive correlation between lower levels of social support the mothers receive and the increased likelihood of the development of mental illnesses such as anxiety disorders, which contributes to further strain on the mother's sense of well-being (Choi et al., 2021). Even in more recent literature, some mothers report more maladaptive forms of coping such as substance abuse and avoidance (Schaefer et al., 2021).

Resilience and social support seem to be noted in the various articles as the recurrent factors in managing the negative impact on the mother's well-being. Perhaps then it might not be too far-fetched to speculate that mothers with higher levels of resilience bolstered by social support may be in a better position to manage the impact of domestic violence. Not only on their well-being but also on their maternal identities and sense of maternal self-esteem and thus be likely to report positive parenting practices. However, the outcomes of mothers reporting experiences of positive parenting practices do not mean that higher levels of resilience insulate the mothers from the negative impact of the abuse. But rather, the impact may be greater on the mothers with lower levels of resilience and support, who are the most vulnerable.

Resilience refers to the capacity to adapt successfully to challenges that threaten functioning, survival or development (Masten, 2018). In the positive psychology literature, there is no one definition of resilience; however, the concept has evolved to focus on an individual's strengths rather than deficits as it relates to psychotherapeutic interventions (Vella & Pai, 2019). Similarly, trauma theory developed the concept of continuous traumatic stress to better understand the experiences of individuals who are continuously exposed to traumatic life circumstances; having had to develop certain adaptations to continuously survive these circumstances (Kaminer et al., 2018).

In addition to transgenerational transmission of trauma, the lens of continuous traumatic stress has also been found to be useful in better understanding the circumstances of domestic violence survivors, illuminating factors such as the impact of post-separation abuse. Continuous traumatic stress literature advocates for resilience-based approaches as possible interventions at the micro-level (Hulley et al., 2023). Further developments in interventions geared towards supporting domestic violence survivors at the micro-level, also include the piloting of interventions such as trauma-informed art and play therapies for survivor mothers and their children in the United States of America and South Africa (Woollett et al., 2020). This is a notable contribution to the area of mother-child psychotherapy which is still in its infancy within the South African context.

The social environment at the meso- and the macro-level was referred to in the analysed articles in the form of family support, community support, shelters, access to financial resources and legislation. As aforementioned the social environment for the mothers held the role of potential rescuer and perpetrator. Notions of a sense of resilience seem to appeal to the rescuer inclinations of the social environment which may be experienced by the mothers to be supportive and empowering. However, a hostile and inaccessible social environment may be experienced as a source of further victimisation. For example, in South Africa, although legislatively, domestic violence is considered a crime according to the nations Domestic Violence Act No. 116 of 1998, there are still widespread social perceptions that view domestic violence as a private matter to be kept and resolved within the confines of the household and its members (Scharff Peterson & Schroeder, 2016).

Interviewed in a study, some survivors disclosed feelings of hopelessness and despair after reaching out to their trusted family members as well as religious leaders regarding their abusive partner. In which the survivors were advised not to report the abusive partner but to reconcile with him out of fear of reputational damage in the community (Bassadien & Hochfeld, 2005). Therefore, we also consider it to be justified to consider that despite its ideals of men also being protectors of women and children in the household, the role of patriarchal cultural beliefs and practices as it relates to the perpetuation of domestic violence, needs to be taken seriously within discourses of domestic violence. Certain patriarchal cultural beliefs and practices, such as those mentioned above, contribute to the further compromising of women's fundamental rights in favour of upholding societal norms of male assertiveness and dominance in the household over women (Davies & Dreyer, 2014; Mazibuko & Umejesi, 2015; Mshweshwe, 2020). This is not to suggest that domestic violence is only germane to patriarchal societies. Domestic violence has also been found to occur in matriarchal societies such as in the case of West Sumatra, Indonesia, which stands in contrast to perceptions and beliefs of matriarchy as an antidote to domestic violence (Lestari et al., 2021).

Notions of mother-blaming are reported as a notable concern in motherhood literature with some research findings suggesting that child protection services from various contexts may at times focus on the mother as the primary caregiver and therefore assume the sole responsibility for parenting deficits in the parent-child relationship to the mother, independent of other major contributing factors such as the role of the abusive partner in parenting deficits (Schneider, 2008; Powell & Murray, 2008; Douglas & Walsh, 2010). Initially, when conceptualizing the various factors that may influence experiences of mothering

amongst the survivors of domestic violence, the researcher considered the implications of the intersectionality of the social identities of womanhood and motherhood.

Beyond speculation across the analysed articles, it was interesting to note that the mothers who reported positive parenting practices indicated that they derived their sense of resilience from experiencing an awakening of their maternal identities (Secco et al., 2016). Some mothers even reported feeling like the dangerous circumstances of domestic violence which placed their children in constant danger of the abusive partner, heightened their maternal capacities (Hauge & Kiamanesh, 2020). A study on attachment style, bonding to a baby and maternal representations revealed a statistically significant relationship between the new mother's perceived representation of their maternal identities and the maternal identities of their mother (Zdolska-Wawrzkiwicz et al., 2020). Similarly, in the same study, a statistically significant relationship was found between the new mothers' styles of attachment and their own mothers' styles of attachment. Consequently, mothers' histories of being mothered may play a role in their later experience of an awakening of their maternal identities.

Limitations

As this study is a systematic review, findings should be interpreted cautiously regarding generalisability. To ensure the robustness of the study the researcher only scrutinised the research question across five search engines limited to only qualitative published journal articles. Therefore, the screened and subsequent analysed articles may not be fully representative of the full body of literature in this area of research. A limitation inherent to the systematic review method is that the included studies may not consistently report on all factors potentially relevant to the phenomenon under investigation. This limitation was evident in the present review of 14 articles, where details concerning motherhood within the context of domestic violence were not uniformly reported. For instance, information regarding children's age, the number of children, and their biological relationship to the perpetrator was often absent. These factors can significantly influence a mother's experience and perception of mothering. The availability of such data would have facilitated a more nuanced analysis. To illustrate, other factors potentially relevant to consider include whether the children were born during the abusive relationship, the duration of the abuse, and any instances of temporary or permanent separation from the abusive parent due to the violence. Despite these limitations, this review provides an insightful glimpse into the experiences of mothers who parent within the context of domestic violence as well as highlights the literature gap for future research.

Conclusion

Overall, the negative impact of domestic violence on the mothers' psychosocial and physical health significantly impacts but does not necessarily impair the survivor's ability to mother. Findings further suggested that the negative impact of domestic violence had significant implications for the survivors' self-perceptions of their maternal identities and standards of mothering, with some mothers perceiving themselves as *bad mothers* while others perceiving themselves as *good mothers*. Striving to be perfect mothers and at times, leaving the abusive relationship was found to be some of the mother's attempts at protecting their children and themselves from the possible short-term as well as transgenerational psychological implications of exposure to domestic violence. The mothers' ways of protecting their children extended beyond leaving the relationship with some deciding to stay also as a form of protection. Awakened maternal identities and social support systems were identified by the mothers as a valuable source of resilience that kept them and their children going.

Considering the mother's experience of *mother-blaming* from intervening professionals, it is important to consider the centrality of the abusive partner's role in parental deficits in the household as well as establish collaborative and supportive relationships with the survivors. It is clear that research on domestic violence and motherhood has progressed and evolved over the decades however as aforementioned this does not denote that research in the area is complete. Despite the limitations, this research highlights a major gap in domestic violence literature. Particularly concerning the stark scarcity of domestic violence literature that explores the convergence of the experience of domestic violence and motherhood in developing nations, which are home to the highest rates of domestic violence. Further research especially in developing countries is recommended to grow the available body of qualitative literature on the experiences of mothers who are parenting during domestic abuse. Also, further research within this area may be required to explore interventions at both a preventative and remedial level to better inform social development as well as mental health interventions for working with this population, most especially on the African continent.

Author contributions This study's conception originates from Uviwe Ncanywa's postgraduate master's research report. All authors contributed to the study's design. Literature search, data collection and analysis were performed by Uviwe Ncanywa. Further, Uviwe Ncanywa was responsible for the write-up of the manuscript under the supervision of Tasneem Hassem and Kennedy Amone-P'Olak. Tasneem Hassem and Kennedy Amone-P'Olak supervised this project and provided guidelines for this systematic review article. In addition, Tasneem Hassem is credited with literature review points and editing. Kennedy Amone-P'Olak is credited with the literature review, discussion points and editing. All authors read and approved the final manuscript.

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Data availability Data sharing is not applicable to this article as no new data were created or analysed in this study.

Declarations

Ethics approval This systematic review and its findings originate from the first author's research report that was submitted for examination in 2022, at the University of the Witwatersrand in partial fulfilment of the requirements of the conferred qualification of Master of Arts in Clinical Psychology. The study holds ethical clearance from the University of the Witwatersrand, School of Human and Community Development Ethics Committee Constituted Under the University Human Research Ethics Committee (Non-Medical) [protocol number: MCLIN/20/11]. Data for the analysis was only obtained from secondary data (published journal articles) with appropriate crediting.

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