



OUT FROM THE SHADOW

Findings from *The Mothering Study: Mother-infant relationships in violent families/Les relations mère-enfant dans un contexte de violence familiale.*

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**Child Health Intervention and
Longitudinal Development**

“I didn’t really want to present myself that way I guess, because I go in and everything seems fine. I bring my kids in and ‘they’re so sweet’ and you don’t really want to bring that shadow.”

This presentation is titled *Out from the Shadow*, to remind us of mothers’ courage in overcoming feelings of guilt and shame associated resulting from intimate partner violence (IPV) and mothering in the context of violence, and to seek information and support to improve the lives of themselves and their children.

Research Questions

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What are:

- (1) the relationships between mothers and infants exposed to IPV,
- (2) the associations between mother-infant relationships and infant development in families affected by IPV, and
- (3) the support needs, resources, barriers to support, and preferences for support intervention that promote mother-infant relationships, from the perspectives of mothers or their service providers.

Design and Sample

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- Multi-site exploratory descriptive study
 - ▣ Sites in PEI, NB, and NS
 - ▣ Qualitative interviews conducted with service providers working with mothers.
 - ▣ Quantitative and qualitative data from mother infant pairs previously exposed to violence

All mothers experienced abuse when their child was under a year of age. Only 3 mothers were still in a relationship with their abusive partner at the time of interview (all three were connected to services.

Measures

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- Nursing Child Assessment Teaching Scale (NCATS; Sumner & Spietz, 1994)
- Ages and Stages questionnaires (ASQ; Bricker & Squires, 1999)
- Infant Characteristics Questionnaire (ICQ; Bates, 1992)
- Centre for Epidemiological Studies Depression Scale (CES-D; Radloff & Terri, 1986)
- Social Provisions Scale (SPS; Cutrona & Russell 1987)
- Family Functioning Scale (FFS; Epstein, Bishop, Ryan, Miller & Keitner, 1997)
- Difficult Life circumstances Scale (DLC; Barnard 1989)

Analysis

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- Thematic content analysis
- T-tests (10th percentile comparison) of NCATS and ASQ
- Correlations and t test comparisons ($\alpha < .05$)
- Insufficient numbers were obtained to warrant regression or assess for mediators



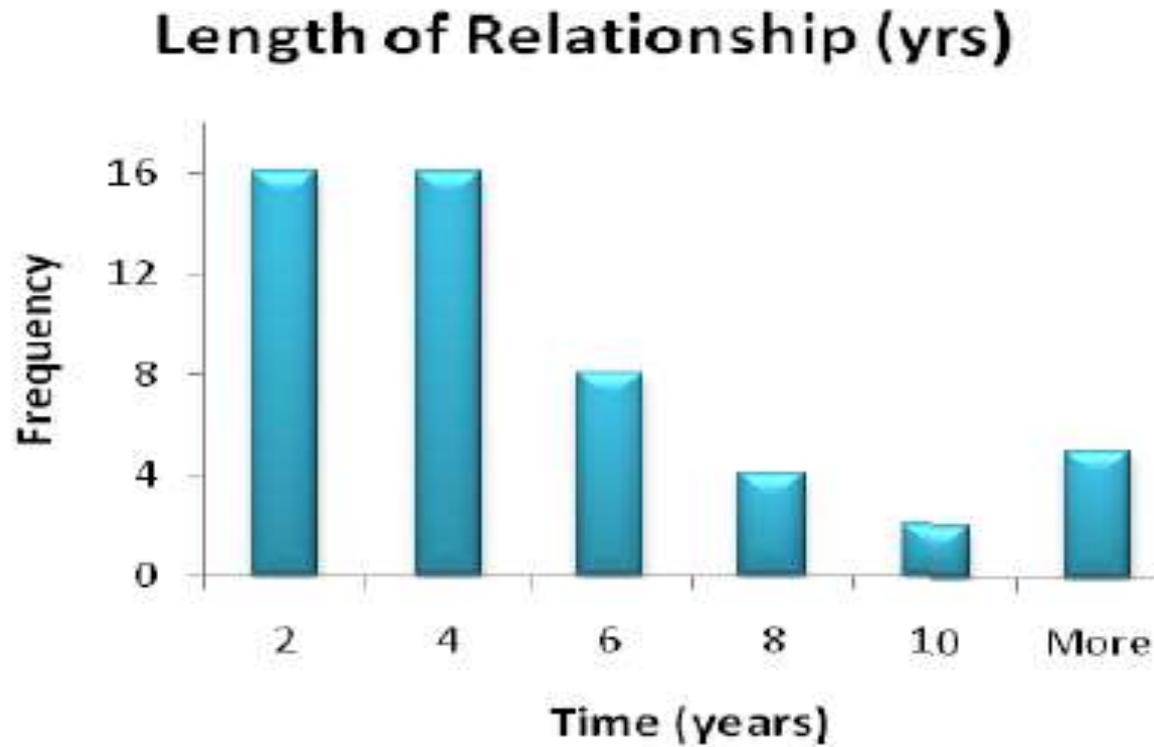
Sample Demographics

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- Service Providers (N=15)
 - ▣ Prince Edward Island (n=4), New Brunswick (n=11), and Nova Scotia (n=10)
- Mothers (N = 51)
 - ▣ mean age = 28.7 years (SD=7 years; range 18 to 45 years)
 - 63% had more than one child
 - 84% Caucasian
 - 20% working; 10% parental leave; 24% unemployed; 25% homemaker; 12% student
 - 29% less than high school; 14% high school; 31% partial tech/university; 26% completed tech/university
 - 8% married/common-law; 38% separated; 6% divorced; 48% ex-boyfriend
- Infants
 - ▣ mean age = 23.9 months (SD=11 months; range=4 to 43 months)

Length of relationship with abuser

8



Length of child's exposure to abuse

9





THEORETICAL MODELS

"I might read them a story, but it would be different from me reading them a story now."

Interaction and Development

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Parent-infant interaction is well-recognized as the chief environment through which children experience the world, influencing:

- Language development
- Literacy
- IQ
- Social skills
- Peer relationships
- School success

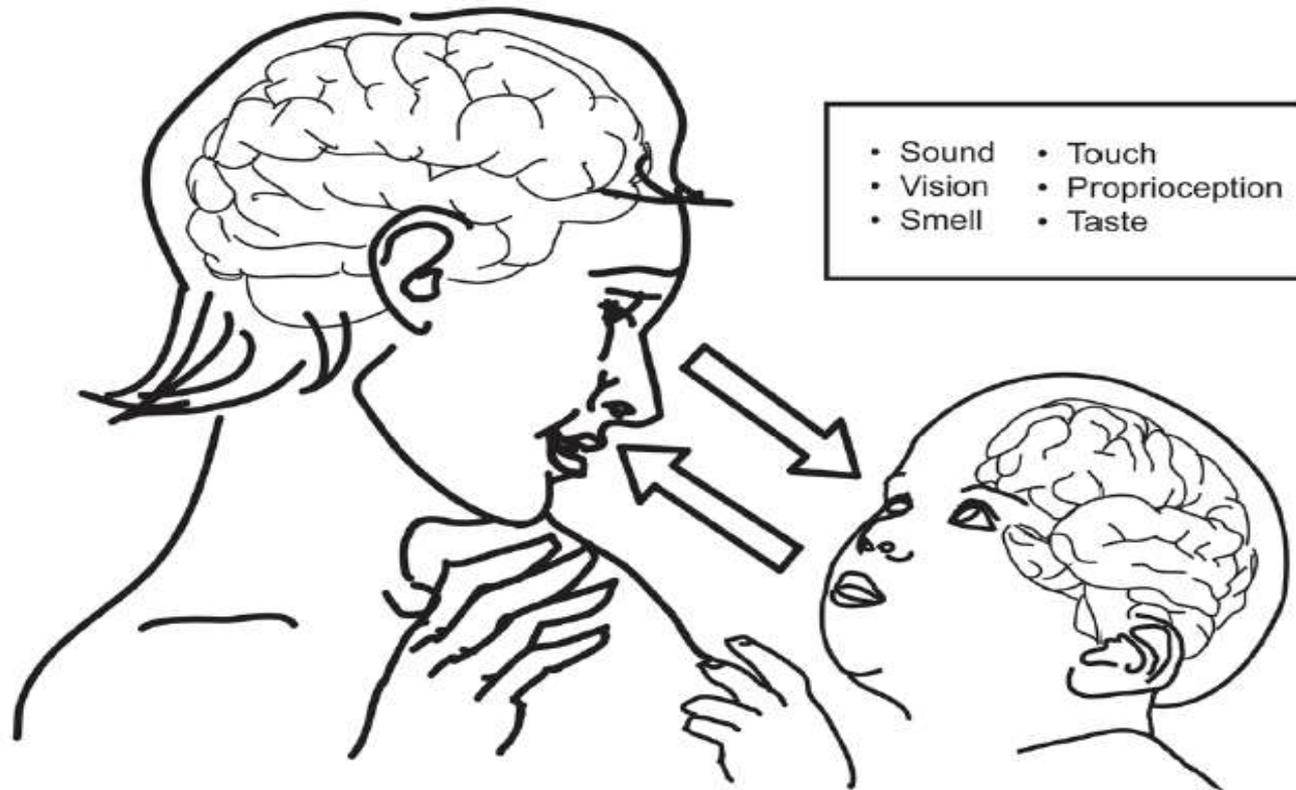
“The quality of exchanges between caregiver and infant serves as the foundation for the infant’s signaling system and influences the child’s subsequent mental and physical health. The relationship between caregiver and infant plays a pivotal role in the child’s capacity to interact with others and influences neural pathways for language and higher cognitive functions”

(McCain, Mustard & Shanker, Early Years Two Study, 2007, p. 28)

Interaction and Development

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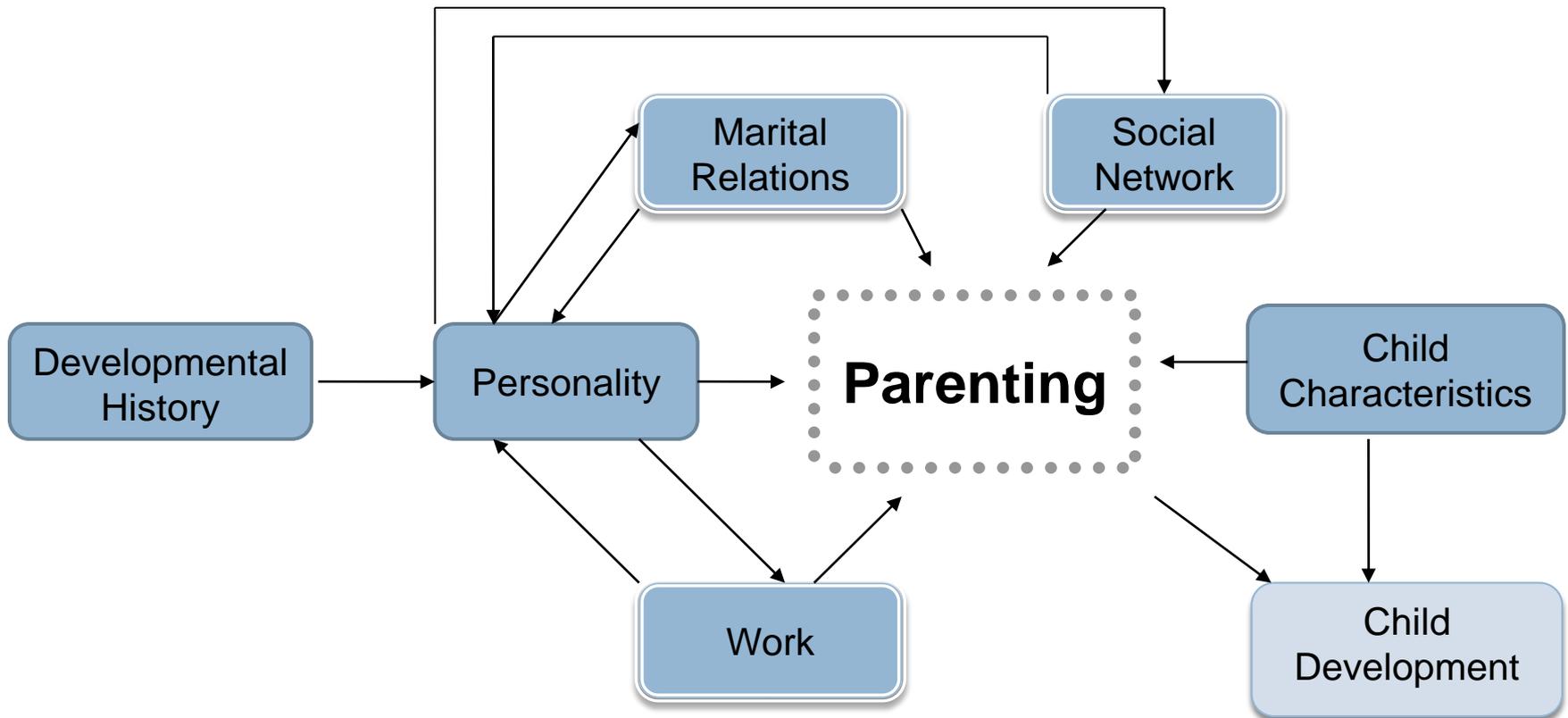
Adult-Child Interaction Figure 1.4



Interactions between adults and infants provide sensory stimulation that affects early brain development.

Determinants of Parenting (Belsky, 1984)

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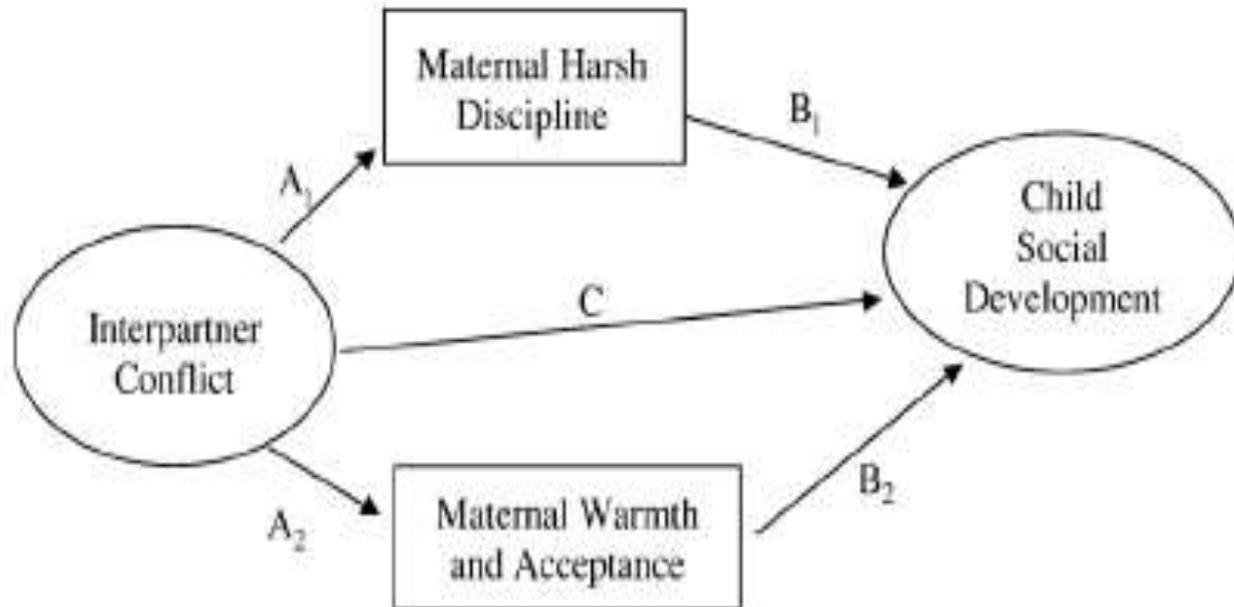
Suggested Pathways IPV may Impact Child Development (Whiteside-Mansell, 2009)

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- Spillover
 - ▣ Parents with conflictual relationships are more emotionally drained and stressed, preventing them from being sensitive to their children and increasing the likelihood of child maladjustment.
- Compensatory
 - ▣ Parents may compensate for dissatisfaction in adult relationships by enhancing parent-child relationship
- Compartmentalization
 - ▣ Parents separate adult relationships and parenting roles. So, parenting qualities are unrelated to IPV.

(Whiteside-Mansell Continued)

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IPV AND MOTHER- INFANT RELATIONSHIPS

“I tried to cuddle her more and stuff like that because of everything that she had to see.”

What mothers said:

Negative Impacts on Mother-Infant Relationship

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- *25 mothers felt the violence had a negative impact on their relationship with their child. Impacts cited included: a delayed or weakened bond (n=10), being robotic or disengaged (n=14), being too afraid to focus on parenting (n=11), and being emotionally unavailable (n=8)*
 - *“Just being so fearful myself and trying not to be overly upset[...] obviously it affected her and got her distraught. It kind of... definitely was not soothing her. If anything it was making her more hyper and insecure and uncomfortable: scared.”*
 - *“I just completely, completely detached from <child> emotionally. He was fed, he was changed, he was put to bed.[...] Oftentimes he would be in distress and I would just put him down and look at him.”*

What mothers said:

Positive Impacts on Mother-Infant Relationship

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- *22 of the mothers indicated that the experience of violence created a stronger bond with their child. Reasons cited included: trying to make-up for the violence (n=21), being more soothing (n=9), being more engaged in playtime (n=9), and being more protective (n=6).*
 - *“[I] would try and teach her things and read her books and sing to her and spend a lot of time with her. For the first eight months I never put her down.”*
 - *“I tried to cuddle her more and stuff like that because of everything that she had to see.”*
 - *“... If he was crying or whatever, I would run to him and my mom would say, “Let him cry,” you know. No I was always there. And I guess I was very protective of him you know. Very protective of him. I needed to.”*

What Service Providers Said:

Diverse Impacts on Mother-Infant Relationship

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- Three primary mechanisms were identified that affected mothers' abilities to parent and maintain a quality mother–infant/child relationship: demands of the violent partner, loss of self-worth, and the high energy level required to deal with the effect of IPV.
- Service providers described mothering as falling within three categories: hyper-vigilant, unresponsive or permissive, and controlling.
 - “She’s so busy trying to keep him happy, how can she bond effectively with the child?” (Early Childhood Educator with 11 years experience).
 - I think it’s their way of trying to protect the child that they overprotect the child. They don’t allow them out of their sight. They talk to them way too much. They just, just kind of smother them because they are so worried that they are going to see or hear something that’s negative, or, if they have seen or heard something that is negative, then they are really trying to over compensate for that. (Social worker, 5 years experience)
 - “I’ve seen where the bond is stronger between the mother and the child because the mother takes on this ferocious protection sort of sense with the child.” (Nurse, 5 years of experience)

NCATS (n=44)

Mother Infant Interaction Observations

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- For all subscales, the mean scores were above 10th percentile scores (above the cut-off indicating worrisome scores)
- Nearly all subscale scores were significantly better than the normative NCAST database means (for low education adults or high education adults)
- Scores were significantly lower for responsiveness to infant distress and social-emotional growth fostering opportunities.

NCATS Comparison with Normative Sample of High Ed. Mothers (\geq Gr. 12)

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NCATS	Sample Mean	Sample SD	High Ed Mean	T Stat	P Value
Sensitivity to cues	9.59	1.13	9.16	2.54	0.01
Response to distress	8.91	1.67	10.04	-4.50	0.00
Social emotional growth	7.86	1.23	8.99	-6.07	0.00
Cognitive growth	13.31	2.23	12.51	2.39	0.02
Clarity of cues	8.64	1.08	7.99	3.97	0.00
Responsiveness to caregiver	9.09	2.14	7.45	5.05	0.00
Child Total	17.73	2.99	15.44	5.07	0.00
Mother Contingency	14.93	2.14	16.07	-3.59	0.00
Child Contingency	8.27	1.93	6.76	5.19	0.00



IPV, MOTHER-INFANT RELATIONSHIPS AND INFANT DEVELOPMENT

“Everything they needed; there were no extras.”

What Mothers Said: Child Development

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- Mothers interviewed were uncertain about how the IPV may have exerted an impact on their child (n=24).
- Some mothers believed that the IPV had little effect on their child (n=17), or believed that their child was too young to remember (n=12).

What Mothers Said: Child Development

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- Some mothers identified a number of ways they felt that IPV influenced their child, including:
 - fear of male figures (n=15)
 - fear of loud noises (n=12)
 - withdrawal (n=12)
 - temper tantrums (n=12)
 - physical aggression (n=12)
 - clinginess (n=11)
 - frequent crying (n=9)
 - nightmares (n=9)
 - worry/tension (n=7)
 - protectiveness of mother (n=8),
and
 - distress in response to mother's
distress (n=6).

What Mothers Said:

Child Development

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- *“I think every child’s different and I don’t know if I could necessarily attribute his development to the violent situation, but he certainly was slower than his older brother in speaking, you know, potty toilet training is a big challenge with him and I don’t know if that’s personality or not.”*
- *“I think she was maybe too young to remember, they say no, but I think she was too young to recall, I find that the separation happened just at the right time. So that she wouldn’t remember.”*
- *“He had started using the potty, then he went out for a visit with his father and when he came back he was like terrified. He wouldn’t go anywhere near it at all and then we had like stories started coming out about how he was scared at daddy’s.”*

What Service Providers Said: Child Development

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- Service providers described a variety of effects of IPV on children under 36 months of age, including cognitive, language, and developmental delays (e.g., biological, physical, failure to thrive), and social–emotional regulation problems (e.g., internalizing and externalizing behaviours).
 - **Externalizing behaviours:** Service providers described young children’s externalizing behaviours such as anger, aggression, and punitive treatment toward the mother. Crying, head banging, and pulling out hair were cited examples.
 - **Internalizing behaviours:** Service providers reported that infants demonstrated fear, separation anxiety, and clinginess, and were overly tense and/or reactive as shown by more pronounced startle reflexes. Service providers described young children’s behaviours as submissive and hyper-vigilant.
- Service providers reported **social learning or role modeling** of violence, noting that children often replicated either their mother’s (e.g., submissive) or fathers’ (e.g., aggressive) behaviours.

What Service Providers Said: Child Development

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- “It takes a long time for people to recognize the damage that’s really being done to the children, and they don’t want to hear that, or have any part of that, because then they end up blaming themselves.” (Nurse, 16 years experience)
- “I found with little ones. . .who were, let’s say who might have been 2 or 3 years old, that they—I won’t say were overly affectionate—but they’d gravitate to anybody who’d pay attention to them” (Early childhood educator, 5 years experience).
- “The thing that always sort of stressed me and especially with little ones like babies, they need you looking at them. I watched babies come in here and they don’t make eye contact. They don’t coo” (Counselor, 10 years experience).

Child Development: ASQ

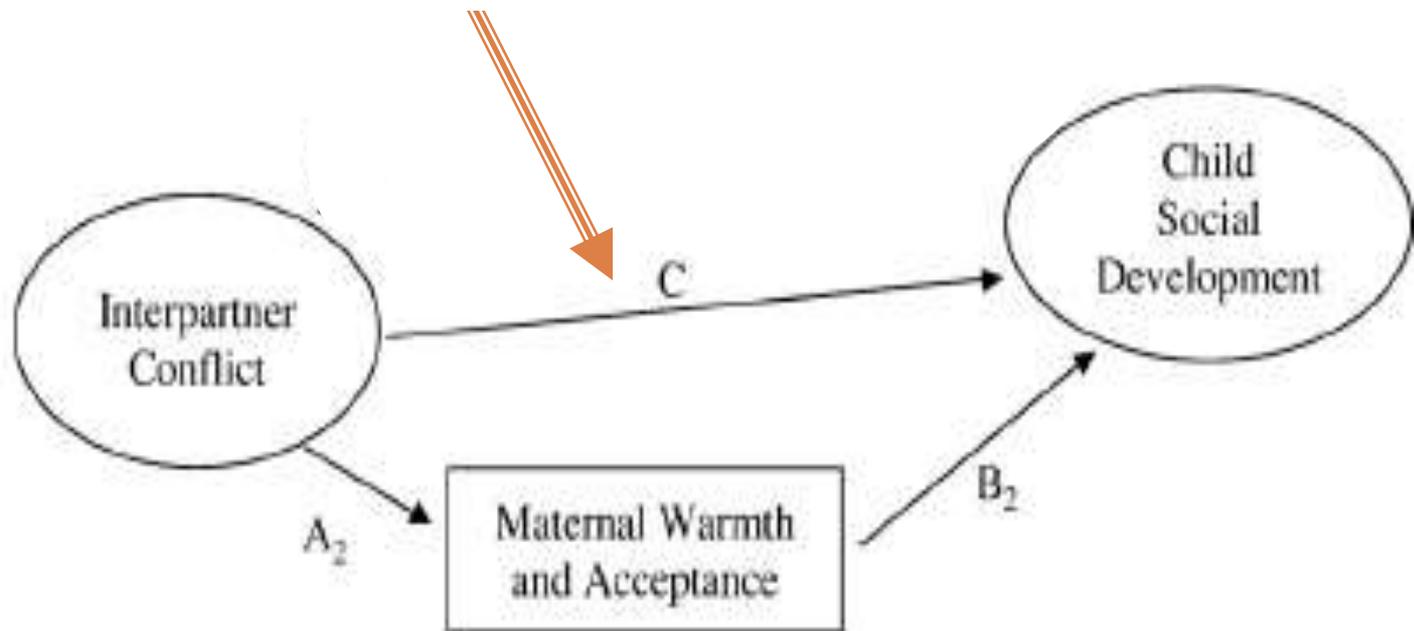
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- For all subscales, mean scores above the 10th percentile cut-offs, but lower than the normative means.
- Fine motor and problem-solving were of statistical significance.
- Maternal cognitive growth fostering correlated with infant communication ($r=.47$) and infant personal social skills ($r=.35$).

Compartmentalization Hypothesis

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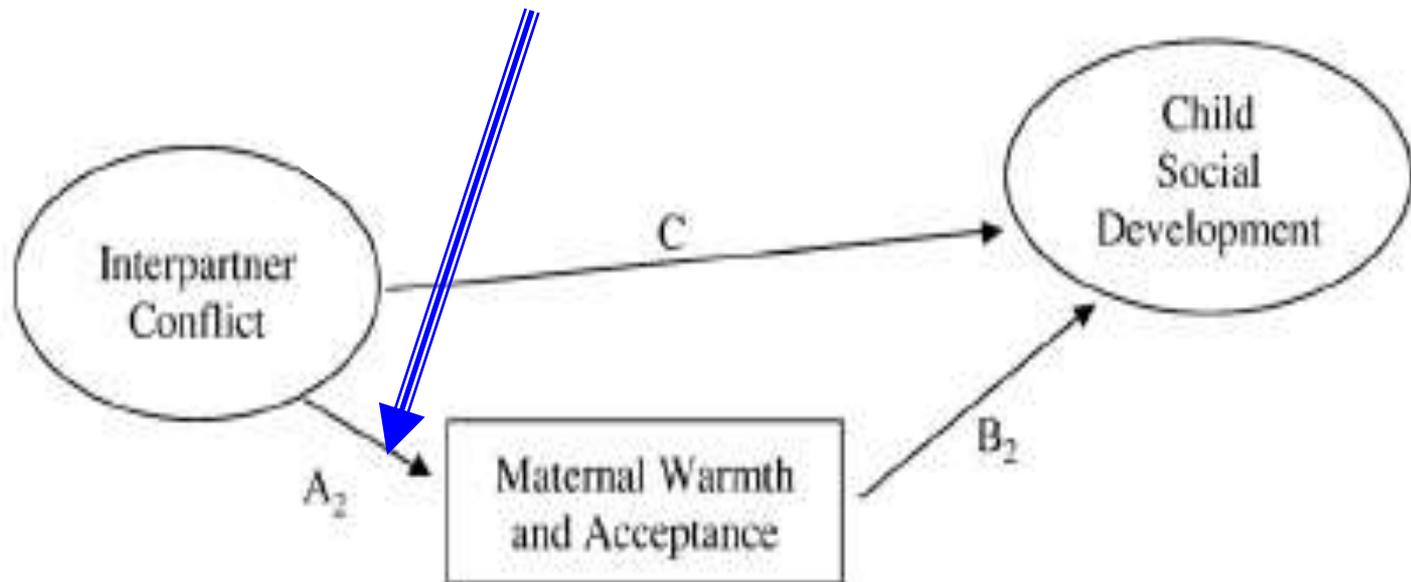
Consistent with literature and theory, children are worse off developmentally in this sample (Fine motor and Problem Solving Skills)



Spillover Hypothesis

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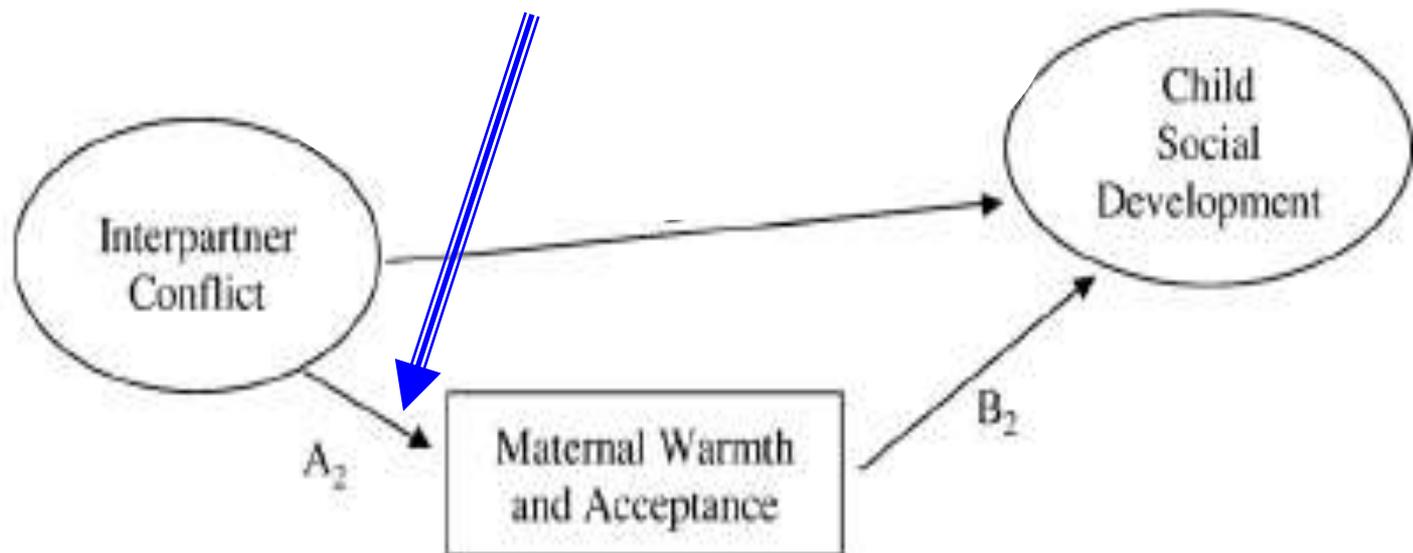
Mothers were less responsive to distress and provided less social emotional growth (e.g. gentle touches) activities.



Compensation Hypothesis

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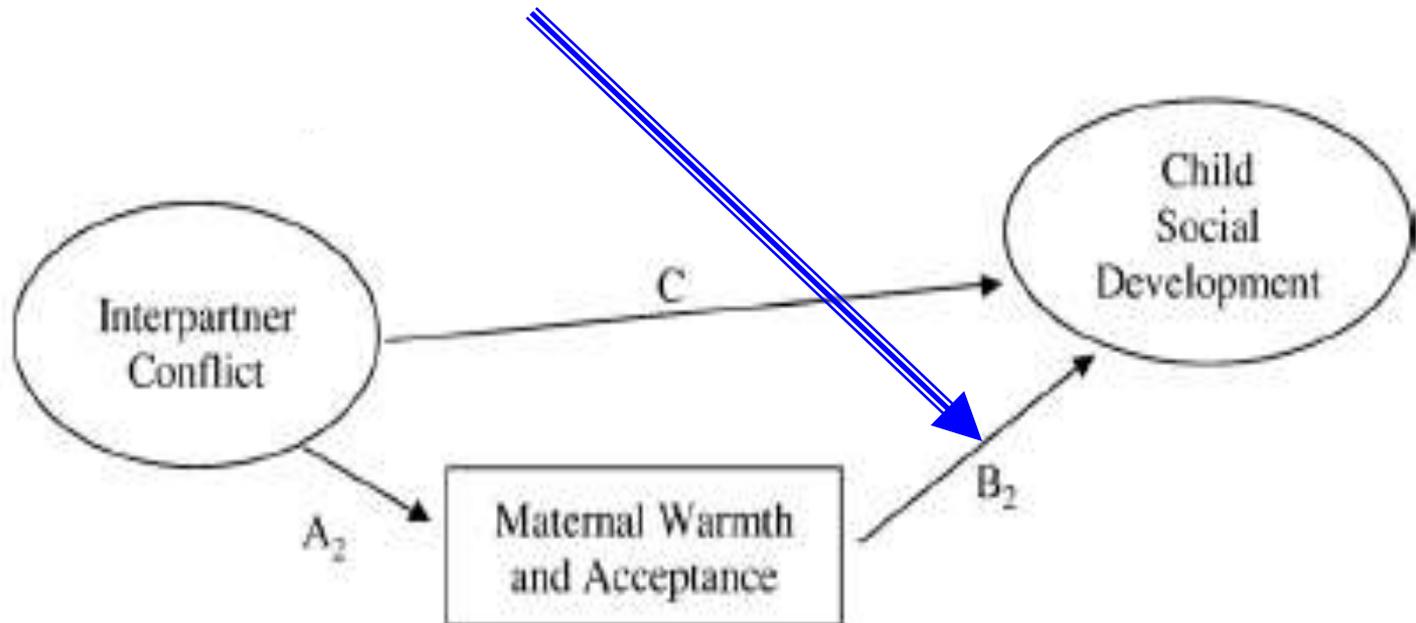
Mothers were more sensitive and provided more cognitive growth fostering activities (e.g. singing, using rich language) than norms.



Compensation Hypothesis

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Higher cognitive growth fostering and overall maternal-infant interaction were correlated with improved communication and personal-social skills.



What else is happening?

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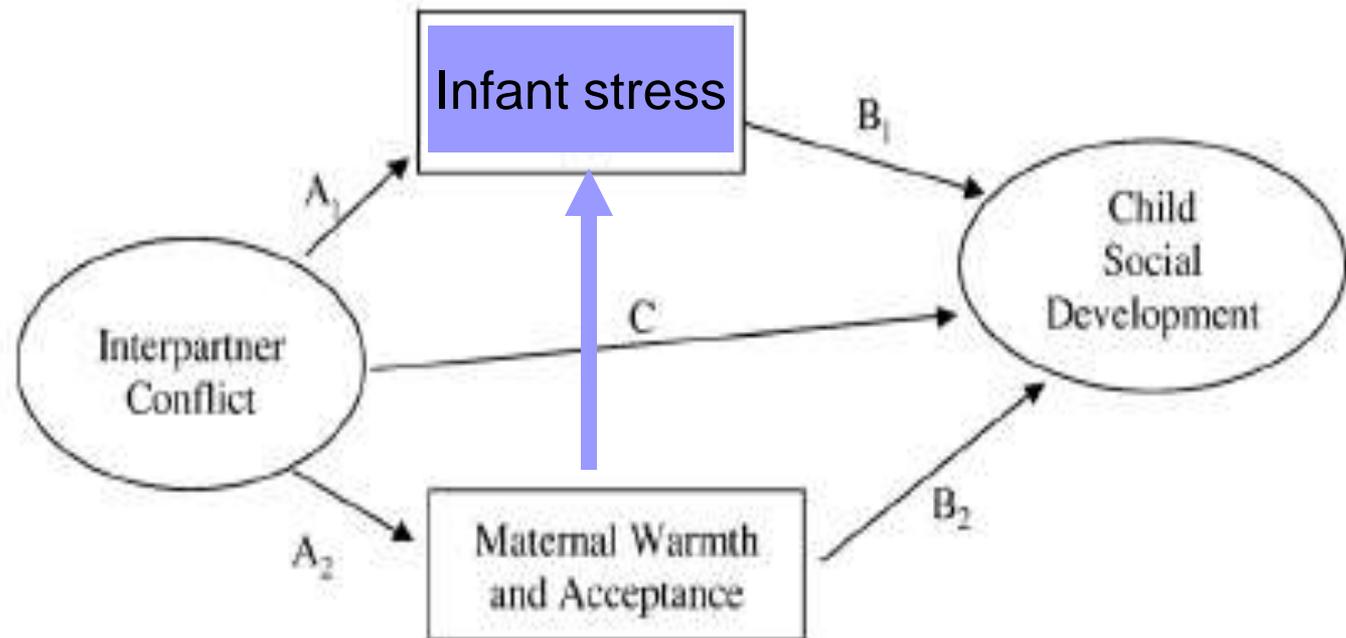
Overall Maternal-Infant Interactions

- Maternal-child interactions were of better quality than the norms.
- In all observations, the infants provided clearer cues and were much more responsive in interactions than the norms.
- Above average displays of infant potent disengagement cues may have driven down mother responsiveness to distress scores (normative data not available).

Future Research

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Infant stress and greater sensitivity to the caregiving environment may explain part of the relationship between IPV and Child Development.





SUPPORT RESOURCES, BARRIERS, NEEDS, RESOURCES, AND PREFERENCES

“If push had come to shove, I would have gone with him if he would have taken the kids.”

What Mothers Said:

Perspectives of Support Resources

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- Mothers accessed a wide variety of supports while speaking relatively little about support for their infant or parenting.
- Family was the most common source mothers sought support from, followed by police, and then friends.
- The ability to speak openly about the violence was sought in supportive relationships (particularly for emotional and informational support)
- Those mothers who accessed support for their children or parenting had varying degrees of success with these services.

What Service Providers Said: Role of Support Resources

- Develop trust and rapport
- Emotional connection
- Listen/be sensitive
- Secure anchor/solid
- Self-esteem building
- Consciousness raising
- Coordinate with other agencies
- Accompany to court
- Help mother see child's success, effect of violence on child
- Explain cycle of violence

What Mothers Said: Barriers

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The top two barriers mothers said they would get rid of were the violent partner, and the financial barrier.

□ Socio-structural

- Finances
- Transportation
- Courts/lawyers
- Geography
- Service rules (denied service)
- Costs associated with child

□ Informational

- Unable to find appropriate services

- Not knowing anyone in a similar situation
- Could not see self out of relationship

□ Personal

- Stigma/shame
- Not wanting to talk about violence
- Did not belong
- Lack of physical marks
- Low energy
- Raising kids

What Mothers Said:

Barriers

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- *“I would have, but he would never let me. Whenever I tried to attend counselling, he would talk me out of it because I might overreact and [...]say too much.*
- *“Transportation was a big thing because it was his car: his name, his car, his everything. He was possessive about his things.”*
- *“\$25 is a box of diapers when you have an infant.”*
- *“I couldn’t look at a list and be like okay, this company, call this company if you want this or whatever. Those things were scattered through all different resources.”*
- *“You don’t tell anybody because you don’t want to have them think that about you - as being a bad mother.”*

What Mothers Said: Barriers

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- Service Barriers
- (Systemic) Inadequacies
- Health Professional Silos or Niches
- Dropping the ball
- Financial or Time HR
- Centrality
- Barriers to Accepting Support
 - Financial (childcare, transportation)
 - Stigma & shame: Perception of being a “bad mother”
 - Fear of further abuse/escalating abuse
 - Fear of services due to past history, fears of child welfare involvement

What Mothers Said: Support Needs

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□ Affirmational

- Public awareness
- Recognition of need to leave
- Reassurance of good mothering
- Being believed

□ Instrumental

- Financial
- Childcare
- Housing
- Transportation
- Protection
- Time to heal
- Assurance children will not be taken

□ Informational

- Knowledge of the impact on children
- How to help impacted child
- Help navigating services

□ Emotional support

- Self-esteem
- Someone to talk to
- Dealing with loneliness
- Caring

What Mothers Said:

Support Needs

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- *“... if the child is reacting to the abuse, to maybe help the mother to deal with it because if you’re dealing with a lot of it yourself, it’s hard to help someone else too.”*
- *“It was just giving information and reinforcing that you’re not going nuts. That’s just normal. You went through an experience that’s not normal and you’re going to be okay.”*
- *“When I was feeling really down and not good about myself, somebody supportive coming by and kind of saying, ‘Come on [name], get up and play with me and [child] together.’ I guess somebody being there. Somebody positive being there.”*

What Mothers Said: Preferences for Support

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- Mothers wanted professional support for some needs (informational, parenting, and child supports), and peers support for other needs (affirmational, emotional).
- Mothers varied in their personal preferences for group or one-on-one support, and at what stage they would be comfortable a given form of support.
- The majority of mothers thought that telephone support would be helpful (inbound or outbound)
- Most mothers preferred support that would occur once or twice a week.

What Mothers Said: Preferences for Support

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- *“I would like professionals but also I would like women that had been- they might not have a PhD or a degree of any kind, but they have life experience.”*
- *“Look if I could have had a number that I could have called and trusted to tell them my secrets without having my kids taken, oh my, I might have left way before,*

What Service Providers Said: Preferences for Support

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- Women's experience of high stress and limited personal support demands that service providers be particularly empathetic and noncritical in order to promote positive mental health.
- Gaps in services and a shortage of resources puts service providers in the position of reacting to the crisis of IPV situations, rather than being empowered to plan for better services and outcomes for affected mothers and young children.
- Key Support for Mothers:
 - ▣ role modeling
 - ▣ positive reinforcement
- Supports to encourage service engagement:
 - ▣ Instrumental, structural support (i.e., availability of child care and transportation to program sites)
 - ▣ attitudinal supports (i.e., a non-judgmental atmosphere)

What Service Providers Said: Preferences for Support

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- “They are just like any of us. We need to be supported when we are hurt and not given a sense of shame. [...] Also a recognition that we cannot be expected to make the best decisions of our lives and be the most resourceful financiers and patient mothers when our lives are totally upside down.” (Social worker, 8 years experience)
- “I think they need somebody outside of their family networks, that can befriend them and be there as an anchor.” (Social worker, 22 years experience).
- “There still isn’t enough information out there, but once you become involved, there’s so much information that you’re overwhelmed” (Counselor, 3 years experience).
- “[To] allow women to, or teach women again, how to nurture and how to truly bond with their children.” (Nurse, 16 years experience)



IDEAL INTERVENTION

"I guess somebody being there. Somebody positive being there."

Proposed Intervention

- **One-on-one support**, either over the phone or in person once a week for a 4-12 week period, with a professional to receive counseling around the experience of violence and get connected with the supports and services needed. Child care would be provided during in person meetings, and give mothers a chance to focus on the things they need to get accomplished apart from meeting their child's needs.
- A professionally led **group** for mothers in similar situations to give mothers a break from their children, talk about how their experience of violence may impact their infant, and strategies to help their infant grow and develop best. The group would get together about once a week and childcare would be provided at the meeting location.

Mothers' responses to the proposed Intervention

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- It is important to speak with someone who has been through it
- Group support raises confidentiality concerns in small communities.
- The mothers perceived the group support, and one-on-one support to meet different needs.
- Additional suggestions included: phone support, financial support, actual parenting play with children (instead of just being told what to do), and realistic ideas of what can happen when a person is violent, including the many reasons mothers can be forced to go back to a violent situation.



NEXT STEPS

“They need to learn how to like themselves because the person that they’re with is telling them they’re no good.”

Next Steps

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- There is interest in a follow-up intervention to be planned in the spring of 2012. Please contact Nicole Letourneau (Nicole.Letourneau@ucalgary.ca) if you are interested in being involved.

Key Citations

Publications:

- Letourneau, N., Young, C., Secco, L., Stewart, M., Hughes, J., & Critchley, K. (2011). Supporting mothering: Service providers' perspectives of mothers and young children affected by intimate partner violence. *Research in Nursing and Health*, 34, 192-203.
- Taylor, K. & Letourneau, N. (in press). Forgotten survivors of intimate partner violence: The role of gender and mothering in infant development. *Infant Mental Health Journal*.
- Letourneau, N., Young, C., Secco, L., Hughes, J., & Critchley, K. (Forthcoming). Mother-Child Interactions and Child Development Affected by Intimate Partner Violence.
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Presentations:

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- Secco, L., Letourneau, N., Young, C. (2010). Muriel McQueen Fergusson Family Violence Research Centre National Research Day, Fredericton, NB, November 4.

Acknowledgements

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