Intrusion: The Central Problem for Family Health Promotion Among Children and Single Mothers After Leaving an Abusive Partner

Judith Wuest
Marilyn Ford-Gilboe
Marilyn Merritt-Gray
Helene Berman

Like other single-parent families, those consisting of mothers and their children who leave abusive partners/fathers are broadly viewed as deficient, high-risk structures in which children are susceptible to multiple problems. The mechanisms of strength and vulnerability in these families are poorly understood, and, consequently, their health promotion processes remain virtually unexplored. In a feminist grounded theory study of health promotion processes of single-parent families after leaving abusive partners/fathers, the authors discovered intrusion to be the basic social problem as families strive to promote health in the aftermath of abuse. The authors discuss the complex nature of intrusion, demonstrating how health is socially determined, and the challenges of health promotion in terms of the issues and dilemmas faced by study families and consider implications for health promotion knowledge and practice.

Keywords: single-parent family; grounded theory; social determinants; domestic violence; woman abuse; intimate partner violence; custody; child support; women's health; child health; feminist theory

Despite increasing knowledge of the effects of woman abuse on both women and their children, few researchers have examined the long-term health impact of abuse from a family perspective after these women and their children have left an abusive partner/father. After leaving, mothers and their children are undifferentiated from other single-parent families and are broadly viewed as high-risk, deficient, ineffective, temporary structures where children are susceptible to multiple health and social problems. Furthermore, the strengths of single-parent families, including those whose members have fled abuse, are rarely considered within dominant discourse (Ford-Gilboe & Campbell, 1996). The mechanisms of strength and vulnerability in mother-headed single-parent families with a history

of woman abuse are poorly understood and, consequently, their health promotion processes remain virtually unexplored. To address this gap, we embarked on a program of feminist grounded theory research focusing on (a) health promotion processes of single-parent families after leaving abusive partners/fathers, and (b) the effects of public policy on these processes.

Our purpose in this article is to discuss the basic social problem of *intrusion*, which we identified as the core obstacle to health promotion among families in the aftermath of abuse. Mosher (1998) noted that the choices and decisions of women who experience intimate partner violence are often misinterpreted because the full context of their lives is not understood. Explication of the complex and variable nature of *intrusion* illuminates this context and reveals the high degree to which health is socially determined within the study families. This information can assist health care providers, planners, and policy makers to understand better the meanings and complex challenges of health promotion within this population and to shift their focus from changing individual health behavior to supporting families in their efforts to achieve greater control of their lives. In addition, scarce resources might be better targeted to focused services that constructively address the central issues and dilemmas identified by families who have left abusive partners/fathers. In the following discussion, we present our findings related to the basic social problem of *intrusion* and the implications for health promotion knowledge and practice.

METHOD

Our research program consists of two concurrent studies taking place in the provinces of New Brunswick and Ontario, Canada. The first is a feminist grounded theory study of the effects of woman abuse on family health promotion processes among single mothers and their children, and the second, a participatory grounded theory study with frontline workers and policy makers focused on the effects of public policy on these health promotion processes. Although the findings related to *intrusion* reported in this paper stem from the first study, unquestionably, our construction of *intrusion* has also been influenced by our discussions with policy makers and service providers while collecting data for the second study. Both studies received approval from research ethics boards at the University of New Brunswick and the University of Western Ontario.

Grounded theory (Glaser, 1978; Glaser & Strauss, 1967) is a useful research method for exploring subjective experience within the contextual influence of social structure. The goal in grounded theory research is to generate a theory that explains how the central problem in the study domain is resolved or processed (Glaser, 1978). Data collection and analysis occur concurrently. Data are coded substantively, compared, and grouped into categories. Theoretical coding raises the analysis from a descriptive to a conceptual level as categories are reduced, concepts named, their properties identified, and relationships among them identified (Glaser, 1978). Tentative hypotheses about relationships and properties are confirmed and refined through a process of theoretical sampling, whereby sources of further data are selected for what they can contribute to the emerging theory. Literature is theoretically sampled and integrated into the substantive theory. Throughout the process, memos are used to capture analytical processes and leaps made by the researcher. These memos provide a base for the writing of the final theory.

Our research has been conducted in the Glaserian grounded theory tradition (Glaser, 1992) using a feminist perspective (Wuest, 1995; Wuest & Merritt-Gray, 2001). When applied to grounded theory, a feminist perspective increases emphasis on capturing diversity and strength in women's experiences and refocuses the research process so that it is more participatory than in traditional grounded theory. In the present study, we purposely took the emerging framework back to the participants for confirmation, refinement, and expansion. The process of capturing diversity was facilitated by collecting data in two very different locations. New Brunswick's cultural diversity stems from its unique position as the only officially bilingual (French and English) Canadian province. The absence of established ethnocultural groups makes New Brunswick unattractive for immigrants to Canada. The population is dispersed over a large and often remote rural area and in five small cities of fewer than 80,000 persons each. In contrast, southwestern Ontario is more densely populated. The city where most of the Ontario data were collected is larger (~300,000) and more multicultural, and is a regional hub for health and other services for small towns and farm communities that surround the city in all directions but are in relatively close proximity. We theoretically sampled, that is, selected sources of data for what they can add to the emerging theory (Glaser, 1978), to attend to significant issues emerging through the data analysis, such as geographical location, ages of children, length of time out of relationship, nature of contact with ex-partner, income levels, employment status, and presence of health problems.

We recruited single-parent families with a history of woman abuse using advertisements in local newspapers; posters in libraries, grocery stores, and other community sites; and agency and personal contacts. Tape-recorded interviews conducted with each woman, either alone or with one or more of her children, took place at a location of her choice. We interviewed some children over the age of 12 on their own, based on the family's wishes. Each woman and nonminor child gave informed consent prior to participation, and minor children gave their assent. As data analysis proceeded, we conducted second tape-recorded interviews with each family to collect additional data and to discuss the emerging theory. On repeat interviews, consent was reconfirmed. We gave families a small cash honorarium for each interview in which their members participated. Throughout the research process, we addressed the safety risks to these families inherent in their participation by using safety protocols discussed elsewhere (Parker & Ulrich, 1990; Wuest & Merritt-Gray, 2001). Our findings stem from interviews with 36 single mothers and 11 of their children who left an abusive partner/father. At the time of first interview, mothers and children had been living away from the abuser for between 9 months and 20 years, the majority of these for less than 8 years. None had returned to their former partners at the second interview, which occurred between 4 months and 2½ years later.

In grounded theory research, the research problem is not identified in advance (Glaser, 1992). Rather, the investigators identify a research domain, in this case family health promotion, and begin to collect data while keeping an open mind to the emergence of the core social-psychological problem in the field under study. From the initial interviews, *intrusion* emerged first as a substantive code and then as a category. As data collection and analysis continued, it became evident that *intrusion* was the core problem that drove the discovered health promotion processes. In grounded theory research, the term *problem* does not refer to a preconceived

research problem or to individual pathology but rather to the core issue that emerges from collecting data relevant to the study domain. The basic social problem of *intrusion* identified in this study is complex, stemming from four sources that each have distinct characteristics. Consistent with grounded theory method, we have theoretically sampled the literature and integrated it into the emerging construction of *intrusion* during analysis and writing to augment richness and depth and to situate our discoveries within existing knowledge.

FINDINGS

Our study of health promotion was theoretically informed by a holistic understanding of health that includes physical, mental, spiritual, and social well-being. The meaning of health and health promotion to families emerged through data analysis and included dimensions of personal control, comfort, and security; relationships among family members; connections with others; growth and development of family members; family safety; and provision of basic necessities for life. These meanings are consistent with the orientation of the Ottawa Charter for Health Promotion:

> Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs and to change and cope with the environment. (World Health Organization [WHO], 1986)

However, what makes promoting health in single parent families who have left abusive partners uniquely problematic is that it is carried out over time in a context of *intrusion*. *Intrusion* is defined from our data as external control or interference that demands attention, diverts energy away from family priorities, and limits choices. *Intrusion* stems from (a) harassment and abuse from the ex-partner, commonly, although not exclusively, associated with issues of custody, access, and child support; (b) health outcomes associated with past and ongoing abuse; (c) the costs of seeking and obtaining help; and (d) undesirable changes to patterns of living consequent to leaving the abusive partner/father. Our data suggest that *intrusion* is unpredictable, pervasive, enduring, and often unexpected. In addition, one type of *intrusion* might be exacerbated by another. The range, intensity, and many-layered nature of *intrusion* as an obstacle to health promotion for single parent families is revealed in the following discussion.

Harassment and Abuse From the Ex-Partner

In studies of women who have left abusive partners, continuing and/or escalating harassment and abuse by the ex-partner is a common finding (Ellis, 1992; Fleury, Sullivan, & Bybee, 2000; Kurz, 1996; McMurray, 1997; Sev'er, 1997; Wuest & Merritt-Gray, 1999). Moreover, a central vehicle for continuing abuse is through custody and access encounters (Eriksson & Hester, 2001; Shalansky, Ericksen, & Henderson, 1999). What the findings of our study reveal that has not been well documented elsewhere are the ways in which the ex-partner's control of the woman through his rights to access and his responsibility to support his children profoundly influence

family health promotion long after the couple has separated. Dealing with ongoing abuse entraps the woman and limits options and choices. Persistent abuse is a family experience that mothers in our study were continually trying to mitigate, particularly for the children. Freedom from violence, safety at home (Wainer & Chesters, 2000), and peace (WHO, 1997) have been identified as key social determinants of health that, according to our data, are compromised in study families.

The frequency, intensity, and mechanisms for this ongoing abuse of the family are linked to existing custody, access, and child support arrangements, and to the resources, perceived intentions, and geographical proximity of the ex-partner. As father of the children, an ex-partner has a right to equal access to children unless a custody agreement has been filed in the family court system. Therefore, mothers without custody agreements are vulnerable; if they deny access, their refusal might be used against them later in court. Knowledge of this legal possibility gives ex-partners power to make demands that women might otherwise refuse. Nordborg (1997, as cited in Eriksson & Hester, 2001) observed that "fatherhood has replaced marriage as the social institution maintaining men's control of women" (p. 792). Even with a custody agreement, visitation guidelines such as "reasonable access upon reasonable notice" are open to disparate interpretations that can intensify conflict between parents. These findings are supported by the work of Taylor, Barnsley, and Goldsmith (1996) in their assessment of custody disputes in British Columbia, Canada. Shalansky et al. (1999) noted the anger of women toward a system that forced them to "continue to be victims, and exposed their children to ongoing abuse and discord" (p. 421). Ongoing contact with the abuser makes it difficult for women to protect their children and themselves from direct abuse and affects their ability to parent (Eriksson & Hester, 2001).

In this study, women reported that their ex-partners' efforts to control them through the children persisted over many years, often waning and then intensifying. Abuse and harassment mounted in periods when custody, visitation, or child support were being negotiated, and when extra expenses, especially those related to child health, activities, or education, were being discussed. A further complicating factor was mothers' beliefs that children needed to have their fathers involved in their lives. Some mothers also believed that their ex-partners loved the children, a finding supported by Stephens (1999). However, their commitment to facilitating such contact increased their vulnerability to abuse by their ex-partners.

The ability of single-parent families to attend to their relationships, provide safety for themselves and their children, establish connections with the community, and even obtain necessities was clearly compromised by ongoing harassment and abuse. Although such harassment was profoundly intrusive in family life, from the mothers' perspectives, it seemed almost incidental in the lives of their ex-partners.

He's down there sitting pretty. He's got the house, he's got a girlfriend. (Lauren[1])

I am the one raising these children and he is off getting married and starting all over. (Brenda)

As in the past, abuse and harassment occurred through such mechanisms as physical attacks, watching, stalking, and threatening. What was different after leaving was the way in which ex-partners used children, the restructured families, and the system as a vehicle for continuing abuse and harassment.

Children as Vehicles for Abuse

Mothers in our study described two primary ways that ex-partners used children as the vehicle to exert control: (a) using contact with children as an opportunity to abuse or harass, and (b) using threats related to custody negotiation.

Contact with children. In our study, mothers reported that their ex-partners used their contacts with children as opportunities to continue arguing, obstructing, verbally abusing, threatening, and, in some cases, physically attacking mothers, with the consequence that children continued to witness varying degrees of abusive behavior. One ex-partner buckled his young daughter into her car seat and told Faith, "If you want to see her again, you get in the car too." This same father used his 3-year-old to deliver threats: "Does mommy have a boyfriend? Tell mommy I'll kill her if she has a boyfriend." Pick-up and delivery of children afforded fathers opportunities to exert control by setting limits on what children could or could not do when fathers were not around. Other fathers arrived at mealtime and expected to be fed or even put up for the night if they came a long distance. Others "got in their digs" or referred to mothers as "bitch" or "slut" (Karen). Consequently, mothers were forced to continue spending valued time and energy protecting themselves and their children instead of focusing on other priorities.

Safety of children on visits was a concern for those mothers who believed that the father's motivation in visiting was not interest in the child but retaliation toward the mother. Such fears appear to have been well founded, as research supports the fact that abusers who lose partners as targets of abuse will scapegoat other vulnerable targets, such as their children (Geffner & Pagelow, 1990; Saunders 1994; Zorza, 1995). Efforts to control this ongoing abuse or interference required expensive court action, which did not always improve the situation. The outcome for Denise was "supervised access," which required a social service agency to supervise her ex-partner's visits with children but placed the onus and expense on her to transport her young children to and from this agency by bus, a requirement that was disruptive to family routines and drained family resources.

Visits and telephone calls with children allowed fathers to gather information about the family that they could subsequently use against mothers. During a telephone call to his 12-year-old son, one father learned that the son was baby-sitting his younger sister and "flipped out," asserting later that this was evidence of poor parenting by the children's mother despite the fact that the son was "very comfortable with baby-sitting" (Barbara). Extended family members were also enlisted to help gather information that could put families' safety at risk.

> On their first visit, their aunt was asking, "Whereabouts do you live? What's your address? Who all lives with your mom? Who does your mom see?" My boys came right out and told her, "We don't have to tell you nothing. My mom says we don't have to tell you a thing about her." (Inez)

Dealing with such ongoing, often unpredictable abuse was disturbing to children and interfered with their relationships with their mothers, a finding that is supported by Smart and Neale (1999), who noted that sustaining contact, "even indirectly through children, was unbearable and completely distorted their [women's] efforts to make a new life for themselves" (p. 148). Moreover, in a review of the

literature on the effects of divorce on children, Amato (2000) found that hostility and lack of cooperation between parents was a consistent predictor of poor outcomes among children.

Threats related to custody negotiation. An ongoing source of harassment for single-parent families was uncertainty surrounding custody of children. This issue is more worrisome and disruptive for single mothers who have left abusive partners than for other single mothers because custody is seen as critical to protecting their children from potential abuse from men who mothers know are not to be trusted or relied on.

Mothers were vulnerable to threats related to custody negotiation when they believed that (a) children were at risk for either kidnapping or harm, (b) the father was controlling the family through visitation, and/or (c) the children were losing out by not having access to their father's resources through child support and division of marital property. Women, who often lacked financial resources, worried that ex-partners who contested custody might be deemed more suitable parents by the legal system due to more stable and/or adequate finances. Confusion over recent federal recommendations (Government of Canada, 1998) that appear to lean toward joint custody or shared parenting left mothers fearing that the consequence of a legal ruling might be children's spending more time with their fathers than under their current arrangements.

Mothers in our study said that their ex-partners' used their intimate knowledge of mothers' fears about custody to intensify controlling actions. Barbara, who had a long history of depression, was told by her ex-partner, "I'm going to make you crazy. I'm going to put you in a hospital, and I'm going to take the kids." Other fathers threatened to seek either custody or increased access to children unless mothers handed over material possessions, such as cars or money. The extent to which these men succeeded depended in part on women's knowledge of the system and their access to resources. Most women lacked the resources to obtain private legal help and, depending on their eligibility for legal aid, were fearful of the consequences of entering the legal system.

Restructured Family as a Vehicle for Abuse

Mothers in our study spoke of their ex-partners' continuing their abuse by purposefully threatening, undermining, and destabilizing the new family unit through stalking, violating family expectations, challenging children's understanding of why the family had separated, disrupting family routines through unpredictable visitation, and withholding child support.

Stalking. Most families experienced threats; loss or damage to assets, material possessions, or reputation; following or watching by the ex-partner or others enlisted by him; and/or physical harm over extended periods of time. Women understood that such stalking was a genuine threat because historically their ex-partners had responded to neither reason nor legal consequences. One ex-partner said, "Mess with the bull, and you'll get the horn." Within 2 days, the family's telephone and cable services had been mysteriously disconnected (Denise). Although this harassment was most intense soon after leaving, families were frequently

stalked over time. Fearing for her life, Esther relocated her family three times, and was found each time and physically assaulted by her ex-partner.

> He had watched me for 3 days and he waited until he saw the youngest daughter come in the door and not lock it behind her, and that's when he walked in the door and he just went berserk. He started to slap me in the face.

When families were in physical danger, they learned to live under siege. "I always drive them to school, and [coming home] we pick them up at the bus stop" (Hope). Faith taught her preschooler how to dial 911, slept with her windows barred, and, when her ex-partner followed them to day care, she finally turned to him on the crowded main street and yelled, "Leave us alone, stop following us." Stalking is persistent and erratic. "I haven't spoken to him in a year and yesterday he pulled up beside me and asked me if I wanted a drive—right out of the blue. You have to be on guard all the time" (Nadia). The need for continuing vigilance interfered with the family's ability to move on with their lives.

Purposely violating family expectations. One strategy by which ex-partners controlled their partners was to violate deliberately the new restructured family's behavioral and relational norms. Within their previous two-parent family units, routines, standards, and relationships among family members were typically driven by the need to prevent, counter, or respond to abusive behavior. After leaving, mothers and children worked hard to establish new family patterns, which were easily disrupted by ex-partners. Maggie said, "He plays on what he knows bothers me." Exposing young children to smoking, drinking, or illegal drugs; ignoring previously agreed-on spiritual standards; and letting children do or see things that their mothers considered inappropriate were common complaints.

> He was smoking around her, smoking in the vehicle, smoking in the house. He was showering her before she came home, laundering her clothes and shampooing her hair. He might think he's tricking me but he's completely disrespecting her. (Faith)

This ongoing disruption to family life was bewildering to children, who questioned why the rules varied between parents and sometimes tried to use differences to manipulate parents. Matt found his mother, Maggie, to be very restrictive, because his father considered school and church unimportant, encouraged him to view sexually explicit magazines and ride four-wheelers, and set him up with a "girlfriend." Such intrusion was persistent, and efforts by mothers to stop it only served to increase the activity. Leaving the abusive partner lessened daily abuse but did not address the ex-partners' ongoing oppression of mothers by not cooperating in parenting children consistently, a finding supported by Smart and Neale (1999).

Challenging the storyline. Consistent with the ideal that children need fathers, most mothers interpreted the separation as a parental problem that would not affect the relationships between children and their fathers. Fathers used their time with children to revise the story of why parents were living apart, frequently denigrating mothers. "The things he was pumping into their heads, it was disgusting. Your mother doesn't love you" (Jess). Fathers often tried to drive a wedge between mothers and children by saying that the family would be together if not for her behavior

(Ganley & Schecter, 1996). By challenging what they had been told by their mothers, fathers attempted to jeopardize the constructive relationships that mothers and children were forming.

In our study, mothers indicated that fathers intentionally acted in ways that cast themselves as "good guys" to their children. Trips to Disneyland or expensive gifts from fathers stood in stark contrast to living in shelters or subsidized housing, wearing second-hand clothing, or using the food bank. One mother told of her ex-partner's practice of leaving regular messages on the family's voice mail in which he bragged about expensive dinners in restaurants whereas, in the mother's words, "we're going to the food bank" (Barbara). Children were beguiled by the seemingly better life that their fathers appeared to offer. Frequently, these same ex-partners were erratically employed, not paying child support, and in debt or even bankrupt.

"Rewriting history" did not occur solely during custody negotiations. This practice recurred erratically over many years, as ex-partners tried to exert control over mothers while avoiding taking on the daily responsibility for children. One mother summarized her ex-partner's view of the children: "This is part mine, so I want what is my share" (Faith). After months of stalking, her ex-partner failed to attend the custody hearing for his daughter but reappeared 3 years later and began weaving "his own truth" (i.e., "She's our child. I never hit you.") in support of his request for access every second weekend. After succeeding, he lost interest in the child, failing to return her phone calls. Although some children accepted their father's version of history and, in one case, moved in with him, over time others identified the inconsistencies between mothers' and fathers' versions of reality. Erin, an older teenage daughter, had been told discrepant stories for many years. After an extended visit, during which her father had been controlling and somewhat emotionally abusive, she said to her mother, "Now I understand how he treated you" (Ellen). Our findings are supported by Berman (1999), who found that children continued to be plagued by conflicting allegiances to one or both parents long after their mother had left her abusive partner.

Disrupting family routines. Unpredictable visiting patterns, unsuitable interactions with children, and the consequences of both were disruptive for family routines. "We were splitting up, but he was still controlling my life" (Faith). Consistency and predictability in family life helped study families to manage the major transitions of leaving. When fathers arrived unexpectedly, equilibrium was disturbed. "It is nap time and he calls on his cell phone that he is in the parking lot" (Cathy). Mothers who refused to comply with fathers' spontaneous demands were blamed by children who wanted to see their fathers, and they were at risk for legal sanctions, depending on the custody agreement. Equally difficult, fathers commonly failed to appear for visits, were late or returned children early, or had friends or relatives care for children. Guided by an ethic of putting the needs of children first, mothers felt obliged to run interference by making excuses for their ex-partners' behavior and facilitated relationships between children and their fathers, although they frequently felt torn about being put in this position: "I'm starting to feel that it is his job, not mine, and I don't know what to do" (April). A final complication occurred when children resisted going on visits with their fathers. Very young children sometimes viewed their father as strangers. "She screams and throws a fit when her father comes to pick her up . . . she would shake and not be able to hold herself up" (Karen). Older children who had experienced years of unpredictable or

unreliable visiting simply refused to go. Mothers bore the brunt of children's struggling to make their own decisions. As one mother put it, "She [daughter] takes it out on me" (Ellen).

Children were further disturbed if fathers refused to allow them to talk with their mothers when children visited them. "I'm completely blocked out of her life from the time he picks her up until he drops her off" (Karen). Mothers' anxiety also increased when communication with their children was blocked and when they feared that their ex-partners might kidnap the children.

> I'm afraid he will steal the children. He has threatened many times. My son told me that he [ex-partner] has sent away for their birth certificates, health cards . . . and that makes me anxious because that almost looks like somebody that's trying to plan something. (Barbara)

Consequently, mothers were often on edge, worrying that children might not be returned from visits. One father, who had visitation with his son three days a week after school, was often not at home when the mother went to retrieve her son, thus interfering with supper and evening activities. "So it's that frustration of him always holding the cards, and I think playing these control games, just for the hell of it" (Donna).

Withholding child support. The extent to which child support was used as a means of harassment was associated with family income and sources of that income. In both provinces, families that relied on social assistance were not concerned about support payments because they are paid to the province, which, in turn, provides stable funding to the family even if the partner defaults. In contrast, mothers who relied on employment or pension income were particularly vulnerable to harassment by unpredictable, unreliable payments of child support, especially during periods of transition, such as returning to school or work. Initially, most mothers assumed that by virtue of paternity, their ex-partners would feel some responsibility to contribute to their children's financial well-being. This belief was repeatedly challenged by ex-partners who quit jobs, moved away, went on social assistance, worked "under the table" (Donna), and even "went to jail" (Denise) to avoid paying child support. Others paid support but removed children from health insurance coverage or refused to pass on monies from returned claims to mothers. Such behavior was viewed by women as continuing abuse by perpetuating financial hardship. Although mechanisms are in place in both provinces to enforce child support orders, on a practical level, women are required to initiate proceedings first to locate the father and then to seek legal redress. However, the ultimate penalty for contempt of a court order is jail, and "if he's in jail, he doesn't have to pay child support" (Lauren).

Even fathers who paid child support regularly seemed to many mothers to be "always looking for a way out" (Ellen). Mothers worried that what children told fathers about their lifestyle or economic situations might motivate fathers to return to court. This fear interfered with mothers' relationships with their children and left children uncertain and confused. From the mothers' perspectives, paying support made fathers feel like they had a legitimate right to dictate how the family lived and/or to have greater access to children. Fathers who chose to pay additional

expenses, such as hockey registration or summer school fees, made additional demands. Ellen's ex-partner said he would pay for his child's university education if the child lived with him. The child was "caught in the middle," torn between wanting to continue his education and knowing that other funding was scarce but being reluctant to live with his father.

Because child support is an issue as long as the children are dependent, it is a vehicle for harassment that persists for many years.

System Rules as a Vehicle of Harassment

According to the mothers we interviewed, ex-partners took advantage of system rules to harass them and their children. Families in our study frequently struggled to meet eligibility criteria for essential resources and thus were particularly vulnerable to monitoring by agencies within the system. Making unfounded complaints to child protection agencies was a strategy used by fathers in both provinces to harass mothers. Such false reporting subjected mothers and children to intense scrutiny and, in the case of children, physical examination that was disturbing to the family. Similarly, fathers unfairly reported mothers to social service agencies for activities such as cohabiting while on welfare, not having a septic system in a rural community, and criminal behavior, forcing women to waste valuable time and energy proving their innocence. The extent to which life for single-parent families was disrupted by such complaints depended on the mother's knowledge of the system and ability to get assistance. Women who were new to Canada and/or who spoke neither English nor French were particularly vulnerable. Genna believed that no agency would help her because she was an immigrant and not yet a Canadian citizen, a belief that had been promoted by her ex-partner, who was also her immigration sponsor, to keep her in line and under his control.

Mothers described many instances in which their ex-partners took particular advantage of the legal system. Esther's partner represented himself in court proceedings and then cross-examined her, asking irrelevant questions, such as her use of marijuana, directed at casting doubt on her character. Lauren found herself in court repeatedly, spending over $20,000 Cdn on legal fees to deal with her ex-partner's delaying tactics and refusal to comply with marital property settlements. "The system should be in place to help women and children . . . it doesn't work that way at all . . . it's all for the man . . . he is protected by the court."

Health Outcomes of Past and Continuing Abuse

We discovered a striking pattern of multiple chronic health problems among mothers and children that persisted over time, even in families whose members had not lived with the abuser for as long as 16 years. Health consequences of abuse for mothers and children included a wide range of physical, mental, and behavioral issues that affected each individual's health status. More significant, and not well documented elsewhere (Levendosky, Lynch, & Graham-Bermann, 2000), is the finding that individual health problems had pervasive and enduring effects both for the family member who was directly affected and for other members of the family. As Brenda said,

> And having this irritable bowel thing is much bigger than I initially thought it would be 'cause it literally has in some sense taken charge of my life. I can't go anywhere unless I know there's a bathroom. I had a really bad day a couple of days ago and I said to the kids, "It's just an irritable bowel day, guys" and they knew that meant that we weren't going to be doing much of anything.

Health outcomes for mothers stemmed from injuries from physical violence, neglect through psychological and/or economic abuse, and aggravation of previously existing conditions. Children's health issues arose from witnessing abuse of their mothers, being physically or sexually abused themselves by the abuser, and/or living in less than optimal environments. As one mother stated, "Mentally, I can see the stress on them" (Barbara).

Most women in the study spoke of eroded self-esteem, which left them frequently feeling undeserving. Rina said, "I think in my head, I don't have the right to be happy." Lack of confidence made it difficult for women to make decisions to gain control of their family situations. Opal said, "I really doubted everything that came into my head even if I saw something that I thought was not right, I would just go back and doubt myself." Such fragility increased the woman's susceptibility to other sources of intrusion, such as continuing abuse, and to systemic revictimization.

Mothers also reported a wide range of physical problems, including headaches, nervous habits, seizures, gastrointestinal disorders, hypertension, hypothyroidism, back injuries, deafness, asthma, dental problems, fibromyalgia, alcoholism, addiction to drugs, hepatitis C, and liver problems. Mental health problems were even more insidious. Most women in the study spoke of stress, anxiety, fear, depression, and associated weight loss or gain, panic attacks, sleep disturbances, and/or fatigue. "My nerves were shot, I wasn't eating, I wasn't sleeping" (Maggie). Symptoms were more intense when harassment from the ex-partner was ongoing or when they were engaged in negotiations about custody, access, or child support. Some women spoke of having psychiatric disorders, such as depression and bipolar disease, for many years, conditions that worsened under continued harassment. Donna, whose chronic depression began as postpartum depression, said, "My main problem is depression. Medication helps to keep me on course, but if I get too stressed out, I get more depressed. I just feel listless. I want to stay home with the kids all the time."

A confounding factor that influenced how health problems affected family health promotion was access to medications necessary for individual family members to function. Families receiving social assistance had drug coverage, but most others could not afford coverage, and employers rarely offered this benefit. The cost of Nadia's antidepressants and her son's medications for attention deficit disorder cost over $100 Cdn a month. "That's coming out of food money and I can't afford it." Without access to these medications, some individual health conditions were less controlled or worsened, making it difficult for those members to contribute to the family effort. Others observed that medications were too readily prescribed and made conditions worse. Patricia, who decided to stop taking antidepressants, said, "I think more clearly off them."

Depending on the severity of their health problems and those of their children, some women were unable to work outside the home, others had limitations that

restricted the type of job they could do, and still others learned patterns of functioning that allowed them to deal with symptoms and work outside the home. Similarly, Browne, Salomon, and Bassuk (1999) found that very poor, ethnically diverse women in the northeastern United States who had been abused within the previous 12 months had significantly higher rates of emotional distress, hospitalization, and alcohol or drug problems, which negatively affected their capacity to maintain low-income, entry-level work. In our study, work limitations restricted the ways in which families were able to acquire necessities, such as housing, food, clothing, and transportation.

Health outcomes of abuse also influenced relationships among family members and the family's interactions with others. Brenda said she was "in a black hole." Cathy recalled, "I was kind of . . . not negligent, but too depressed to do much for the kids." For mothers, the demands of living with chronic physical health problems were equally problematic, in that they often resulted in fatigue; compromised ability to perform even simple activities of daily living, such as preparing meals; and, ultimately, the need to rely on children to do more of the household tasks than they would have liked. Children's responses to abuse often compounded the stress experienced by their families. One family's experience in dealing with their preschooler's response to sexual abuse by her father illustrates the chaos in everyday life that often resulted. The preschooler was violent and slept poorly, thus disrupting life for her mother and 12-year-old brother.

> There were times when he [son] got maybe two or three hours' sleep, me too. For months I was sleep deprived, I couldn't eat, I'd lost so much weight I looked like a skeleton. All of us didn't look healthy and my son was doing horribly in school. (Opal)

Children in our study families were reported to have an assortment of health problems, including asthma, anxiety, ear infections, attention deficit disorder, hyperactivity, conduct disorders, stomach problems, bed wetting, and suicide attempts. Mothers also observed a wide range of behavior problems. "She will push, she will shove, she will hit, she will yell, and she will scream, and her behavior seriously impacts on our family" (Brenda). Rina's daughter, who had witnessed extremely severe physical abuse of her mother, remained extraordinarily fearful of her mother's being alone with any man, crying and screaming, "He will hurt you" several years after leaving.

Children who had been sexually or physically abused by their mothers' partners were seen by their mothers to experience more severe health outcomes. In addition, related behavioral problems sometimes affected the family's ability to manage other chronic health problems because children were too distressed to cooperate with treatment. Mothers expressed differing levels of concern about children's witnessing abusive behavior. Mothers who had left their abusive partners when children were very young often thought that children did not remember the abuse and were stunned to discover they were aware of many details of the violence. Faith's 5-year-old daughter saw a television public service announcement on woman abuse and observed, "Daddy treated you like that. You would cry and I would cry." Parents can severely underestimate their children's exposure to domestic violence (Edelson, 1999).

Many mothers and some children interpreted children's behavior in light of the family abuse experience. Donna linked her 10-year-old son's testing behavior to past experiences:

> I think it scares him that he might be a bit like daddy . . . and I think he's a bit afraid of his own anger. But part of it was to see how far he could push me . . . like anger interests him, like Daddy was angry enough to go beyond the bounds.

Although families had good reason to be concerned, given the evidence that witnessing abuse has long-lasting effects on children (Berman, 2000; Edelson, 1999; Jaffe, Wolfe, & Wilson, 1990), viewing children's actions through this lens was intrusive, in that actions that concerned mothers were sometimes attributed to the abuse experience rather than to normal child development. Some adolescent sons were disturbed and frightened about their own potential for becoming abusers. Although Chris said that he was committed to fighting it with "every ounce of my being," he spoke at length about his tendency to overanalyze his behavior toward female peers and his struggle to just relax and trust himself in developing relationships with girlfriends.

Some mothers felt that they should have been able to protect their children, and this feeling was sometimes reinforced by family members who were critical of them and their ability to parent. When mothers had more than one partner and the children had witnessed their mothers' abuse by a man who was not the children's father, mothers were particularly concerned that they might have been negligent. These children often stood up for their mothers and were caught in the middle, sometimes being abused themselves (Ivy). Mothers blamed themselves when such children exhibited serious problems, such as attempting suicide. Sullivan, Juras, Bybee, Nguyen, and Allen (2000) found that children whose mothers were abused by their fathers or stepfathers had lower self-competency than those whose mothers were abused by non-father figures, suggesting that the relationship of the child to the abuser might be significant. Mothers' feelings of self-blame intensified when family members questioned why they failed to act sooner to protect the child.

Costs of Seeking and Receiving Help

Most families in our study required assistance from publicly funded or nonprofit agencies at some point to survive. The need for such assistance was not confined to the period immediately after leaving but, rather, was episodic, occurred over many years, and was often associated with increased intrusion from other sources, such as health problems, harassment, or financial problems. Although families recognized their need for such assistance, they also spoke about help coming with a "price":

> The single parent family is treated as an anomaly that should not exist. They monitor you and people cannot be healthy under those conditions . . . if you're worried that your neighbor is going to call child protection. If you're living in a rent-controlled apartment and your brother moves in with you and you're under stress every day that someone is going to find out and you'll lose it. That level of fear and anxiety only eat away at you. (Brenda)

The costs of seeking help were particularly troublesome for these families because the conditions that were placed on offers of help challenged the independence and control they were so fiercely trying to achieve. Some of the costs of getting help isolated, manipulated, or degraded family members; others were simply additional demands on already overburdened families. It is notable that families who were able to access needed services through a single agency, such as a second-stage housing, reported fewer "costs" (Maggie). Specific costs of seeking help stemmed from the need to qualify for services, "conditions" put forth by those who provided help, and incongruence between family needs and available services.

Qualifying for Help

Women's fledgling sense of capacity and credibility, which had been targeted during their abusive relationships, was often undermined by the process of proving their eligibility for available help. Women had to retell their stories to be considered for each service. "I have to go out there and expose my private pain every damn day" (Karen). Moreover, having revealed their situations, families were often judged by others. Cathy, whose rent consumed two thirds of her income, was embarrassed and insulted after seeking assistance from a food bank in desperation. "They made me feel unwelcome." When she completed the budget form, the woman said, "I don't know why you can't afford food on this." Esther said, "We have to go and humble ourselves and beg them." To access services such as legal help for custody, social assistance, or subsidized child care, the amount of documentation required was daunting. In studies of women leaving abusive relationships, this process of "measuring up" and its consequent revictimization has been well described (Lempert, 1996; Newman, 1993; Wuest & Merritt-Gray, 1999). What our study reveals is how pervasive and intrusive such disempowerment is over many years. "You're always reminded that you are less, that you are a burden" (Ellen).

When families sought help and their circumstances were not interpreted by helpers to match the eligibility criteria for available assistance, family members who were desperately trying to change their situations felt demoralized. Believing that help was available for victims of child abuse, Jeff called the police from a neighbor's house to report abuse he was receiving from his mother's partner.

> I thought this was a major step, this was a major, major step. And the cops pretty much said, "Sorry buddy, you're on your own." They told me they wouldn't intervene in parents disciplining their children.

Mothers encountered similar problems when seeking early intervention for children who had witnessed serious fights between parents. April said,

> My son was so angry when we moved here. He punched his hand through the window. I said, "That's it." And we were told he wasn't troubled enough to receive counseling. He didn't qualify.

Conditions of Receiving Help

Both explicit and implicit conditions were placed on offers of help from formal agencies, family, and friends. An implicit condition of accepting help from both

formal and informal sources was that families were somehow deficient if they needed help and should, therefore, follow the directions or advice of those providing help.

> All those different people in here telling me . . . trying to help me with my parenting. And they were all really nice people, they all had good ideas but it was like, "Why don't you read this book, and this book?" I could have read . . . like I've got so many books! I was always afraid of offending. (Amy)

Similarly, family members and friends often expected women to follow their advice regarding parenting, life goals, and day-to-day living. Even when women wanted help and helpers seemed to be doing their best not to be intrusive, women felt trapped into accepting much-needed help. Chronic depression resulted in Gail and her young son's moving in with relatives so that her son would be cared for when she was "not well." Commenting on her lack of choice, Gail said, "It's difficult being a single parent. I have to rely on them to take care of him."

Another implicit condition perceived by the mothers was that having received help, they had relinquished their rights. Rina, who sought help to leave after being severely injured, was advised to place her children in temporary care of a child protection agency until she found a way to provide for them on her own. Having done so, she then had to prove that she was a fit mother each time she wanted them to visit. "They had to call for criminal records, check where I lived, check my fridge, check the people I hang around with." Speaking of her feeling that she could not complain about how a day care worker had treated her child, Ellen said, "There's that general unspoken sense that if your child is subsidized, you don't have the same rights as other parents." Many family members interpreted women's need for help as a weakness and as an indication of their inability to cope. "I am now trying to convince everybody that I can do it . . . my parents have a vision of me, that there is something wrong, something in need of fixing" (Brenda). Many mothers felt that accepting help from their families implied an obligation to include them in their lives in more ways than the women preferred. "She [grandmother] takes liberties" (Jean). Another woman felt that to gain control over her life she would "have to run away in the middle of the night" (Holly). Friends were perceived to have similar expectations. Karen explained that a male acquaintance had passed on information about a job and, in return, expected a relationship with her. The finding that accepting support from friends and kin comes with costs is consistent with Amato's (2000) review of the literature on parental adjustment following divorce, in which receiving aid was found to increase mothers' distress, particularly when accompanied by expectations or advice.

Some conditions associated with providing help were quite explicit. Families that received social assistance, lived in subsidized housing, or had been involved with child protection agencies were subject to unscheduled visits. "With no warning whatsoever, they can just walk in and do what they want, because I am part of the system" (Jean). Some families were also explicit in their conditions. One grandmother required Faith to cook and do dishes every night as payment for providing housing and childcare. The consequence was that Faith was spending almost no time with her daughter because the child was in bed by the time Faith had finished meeting her mother's expectations.

Services Incongruent With Family Needs

A third cost of seeking help was lack of congruency between services and family needs. A fundamental gap that many families noted was difficulty getting information about available services. Because there was no single access point for help, mothers spent inordinate amounts of time and energy being shuffled from one person to another, often over the telephone. "You're browbeaten to begin with and then you're getting this colossal runaround" (Karen). When service providers were rude, cold, or obstructive, women were reluctant to persist in seeking help.

Frequently, the rules regarding services or resources restricted families' choices. Karen, who lived in a rural region, was required to return to work by her social worker. Social assistance refused to pay her mother to care for her child, yet the only available local day care was judged unsafe by Karen. Esther, who experienced chronic pain from serious dental problems, explained, "They won't cover root canals . . . All they say is get them removed, and once the teeth are removed, they don't cover a plate. They say, 'Well you should have had them taken care of.' " With no teeth, Esther was particularly concerned that her appearance would greatly restrict her job prospects in the future. She went on to explain that her ex-partner had refused to let her have her teeth fixed, saying that it was an excuse for her to have a relationship with the male dentist, "With him [ex-partner], I wasn't getting my teeth fixed, I was having sex with my dentist."

Another way that services failed to match family needs was by jeopardizing family safety. A central issue raised by mothers who were trying to conceal their locations was the public availability of legal documents.

> I came here for my safety . . . I couldn't predict what he was going to do next . . . all I knew was he really wanted to kill me. I had to do a support order on him for the kids so I had to put my address on there. My brother says that there are two of his [ex-partner's] family who now know where I'm at. (Inez)

Families spoke of police failure to respond to 911 calls in a timely way, refusals to respond to restraining orders issued by family court, and unwillingness to consider history of abusive behavior when granting visitation. Despite his history of repeatedly stabbing and hitting Rina, her ex-partner, who also had a criminal record, was granted supervised access. Rina was dismayed to learn that her daughter, impressed by her father's status in organized crime, told her friends, "I'm protected, my father's a 'big' guy."

Finally, women perceived gender bias in the system to which they turned for help. Some believed they were victimized by a system that gives primacy to the needs of men. "Women do not get listened to on an equal basis" (Kali). This bias was reflected in such outcomes as failure to make support orders retroactive and failure to enforce orders regarding marital property disposition. Opal spoke about the police's and the justice system's not responding to her complaints about sexual abuse of her daughter after leaving by her ex-partner: "I had the naive belief that justice would prevail but he [ex-partner professional] looked so much better than I [single mother in low-cost housing] did." Women also pointed out societal assumptions, such as "single mothers are lazy" (Brenda) or "single mothers are poor workers who want special privileges" (Ellen). Women said that they tried so hard to

dispel those myths that they sometimes made themselves sick and, consequently, jeopardized the children.

Undesirable Changes to Patterns of Living Consequent to Leaving

Intrusion from undesirable changes to patterns of living was linked to financial losses, lost job opportunities, relocation, loss of material goods, social isolation, and single parenting.

Financial Losses

The extent to which a family's standard of living declined after leaving depended in part on their previous standard of living. Paradoxically, women who had received social assistance while living with their partners often experienced an improved standard of living after leaving because they gained control of the family income. In contrast, families in which mothers were either employed or were homemakers who started receiving social assistance after leaving experienced a marked decrease in the family's standard of living that sometimes confused children and jeopardized individual health.

> They were used to going to the store and just buy whatever you wanted. Now, sometimes I have to go to the food bank, and I don't drink as much milk or things like that because I'm saving it for the kids . . . I see it as taking it away from the kids. (Barbara)

A recent review of research on the economic consequences of divorce supported the poor financial outcomes of leaving evident in our data. Consistently lower standards of living have been documented for single mothers, particularly those who have custody of children, compared with either married women or divorced men (Amato, 2000). Demoralized by the family's limited means, Cass eventually gave up the ritual of family meals. She lacked the resources to buy enough food to make meals and found this reality too emotionally painful to face each day. Financial constraints also limited women's and children's participation in recreational and social activities. Oran, a young teen, spoke of how things were different for him after leaving:

> He [father] had a really good job. I did do a lot more things there. To take martial arts here, I had to take a bus there and a cab back, and it was forty dollars a month, and I was really worried about it so that's half the reason why I quit.

Other older children found that their baby-sitting money or income from part-time jobs was one way to finance extra activities or to buy things that they needed. "When I know there is something coming up, I save my money" (Matt). Others used their money to help the family. "She would go baby-sit, he would do papers but whatever little money they would have they would buy us treats because mom couldn't do it. Like it was 'Here mom, it's our treat' " (Jess).

Relative poverty, as opposed to absolute poverty, is more than deprivation of resources needed to meet needs for physical health; it also includes deprivation of

resources needed to participate in society and achieve social well-being (Williamson & Reutter, 1999). Most families in our study experienced relative poverty that affected their physical, psychological, and social well-being. As children reached young adulthood and began to use their income to participate in society or buy things for themselves while still living at home, family conflict readily arose if children failed to contribute to rent and food costs (Cass).

Another financial change that many women experienced was loss of credit. Some ex-partners defaulted on mortgages or car payments that remained in both names although ex-partners maintained possession of the goods. Others deliberately ran up bills on mutual credit cards or utilities. Consequently, women who felt they were making progress toward self-sufficiency and sought credit cards, car loans, mortgages, or insurance discovered years later that they were ineligible due to their poor credit ratings.

When fleeing or concealing their locations from their ex-partners, some women failed to pay bills or let their creditors know their new locations. "I had to quit and run and probably ruined my credit forever because I had to leave things. I couldn't pay my last month's rent because I had to use that to fly [purchase airline tickets] here" (Opal). Others encountered difficulty getting their share of marital property, often the result of their financial inability to obtain legal assistance.

Employment Patterns

Employment patterns were also disrupted by leaving. Women who moved away had to give up their jobs and child care arrangements. As some women had worked in family businesses, leaving resulted in immediate job loss. Having worked for her husband for 9 years, Lauren found her job possibilities severely limited because she had no references for this extensive period. For women whose children had health or behavioral problems associated with the abuse, working outside the home was problematic, and some chose to stay home until their children's situation stabilized. Many women chose part-time or short-contract positions, which provided more flexibility but left them without the stable income needed for major purchases of vehicles or homes. Few ongoing positions or new minimum wage jobs that women reentering the workforce commonly obtained offered benefits such as health insurance or pensions, leading Donna to quip about her lack of financial security, "I will need to work forever." These findings are supported by Browne et al. (1999), who noted that

> low-wage entry-level work can be transformed into work that produces true economic independence only when workers are able to invest enough time in the workplace to secure promotions or to move progressively to new and higher-paying jobs. (p. 420)

The difficulty of achieving financial security without job training was exemplified by one mother, who at first engaged in the sex trade rather than being reduced to minimum wage income, a decision that perpetuated her drug dependency. Women in our study who did not need to relocate, who already had advanced education or marketable job skills, or who had family support often were more able to maintain or acquire stable work situations but still had difficulty negotiating other sources of intrusion that interfered with career development.

Relocation

With a few exceptions, study families relocated, often several times, after leaving. For women whose incomes were very limited and/or who were under pressure to relocate quickly due to safety threats, finding suitable housing was particularly problematic. Children of women who fled initially to shelters were frequently unhappy about living in the shelter, particularly if they were old enough to fear stigmatization by friends.

> They're out of their home environment, bad as it is. They are traumatized by being moved from their home—just that factor alone and then being thrust into an environment where you have a whole lot of women and kids [shelter]—they are all emotionally affected somehow. (Lauren)

Often, families found themselves in poorly maintained public or private housing in neighborhoods that were quite different from those they had left. Eleanor, a school-aged child, said, "It's kind of a slum around us. It is very slummy and it is so small." Mothers shared these concerns about poor housing quality, often acknowledging their fears about safety in what they perceived as poorer neighborhoods with higher rates of crime and undesirable behavior, such as drug use, yet acknowledged that they could do little to improve their circumstance in the short run. Furthermore, relocation almost always resulted in children's having to change schools. How children adjusted to new schools often had a powerful influence on decisions about where to live.

> They've switched schools four times this year. They were in school in their hometown, then when we went to the shelter for 3 weeks they went to school in that small town. Then they went to a large school here in this city, and now are in a second school here. They could not handle the large school. My son was failing and my daughter could not deal with . . . it was just too big a school. I knew I had to move them. . . . So the pressure was on me. I could have stayed at Second Stage for a year and you get a lot of support and help there but because the kids were having such a problem adjusting, we decided to find a place much sooner. (Barbara)

By changing schools and neighborhoods, both the children and their mothers lost their homes, their friends, and their community connections. Children were also often bewildered by losing their backyards and their access to safe places to play (Donna). Amato (2000) similarly found that moving and changing schools are negative life events for children of divorcing parents. Relocation clearly had a destabilizing effect on these families, often forcing them to endure less optimal environments, and the risks inherent in these, for prolonged periods.

Loss of Material Goods

The extent of material losses associated with leaving an abusive partner was associated with how unexpectedly a woman left and how much the ex-partner interfered with reclaiming possessions. Many women in our study initially left most of their and their children's belongings behind. Families who were forced to relocate to different provinces lost almost everything. Many women indicated that their ex-partners were generally unwilling to let women retrieve their belongings.

> We keep losing all the time. I don't care about all that stuff. If he can't be man enough to say, "Hey, here's your things." Even the girls. We bought them mountain bikes for passing last year for school, and he said "You're not getting them." (Hope)

Belongings that families did manage to get back were often damaged deliberately by ex-partners. Families in which mothers made several attempts to leave before finally succeeding experienced repeated losses of their belonging, each event creating hardship and worry for mothers, who were forced to focus on how they would recoup "the basics" needed to survive. On restricted incomes, loss of material goods resulted in families' having to make difficult choices about what was "essential" to replace and what to do without, leaving little money for extras. Women observed that lack of resources to purchase usual adult things such as haircuts, makeup, and clothing was particularly alienating. With no improvements in her poor financial situation over many years, Cass spoke of the constant deprivation she felt and how this contributed to a sense of worthlessness and loss of self.

> I do things such as I'll go and buy a bag of chocolate chip cookies and I won't give the kids any. I'm storing them away because I feel mean. I feel as if I don't have anything for me.

Social Isolation

A central loss for most families was the loss of relationships. "When I left him, I left all my family and friends, the people I was really connected with, I had to leave them all behind," said Nadia, who had to relocate, but even families who stayed in the same cities or rural communities became disconnected. "You've broken the family code. You violated the code of silence that kept the household functioning under its previous parameters . . . so you're completely isolated." (Kali). For some mothers, loneliness persisted over many years. Holly, who lived in a rural area, said, "I worry about being alone, there are times when I have felt suicidal because of those feelings. Sometimes I think there is something wrong with me. I don't seem lovable to anyone."

Such isolation was reinforced when families lacked financial resources to pay for registration fees, child care, or transportation necessary to participate in community activities. Isolation was sometimes intensified by the health consequences of abuse. Opal's preschool daughter, who had been sexually abused by her father, would talk about the abuse publicly with little warning. Uncertain about how to deal with everyone's embarrassment, Opal found herself just staying home with her daughter. "We didn't go out much. She [preschooler] would say things in the cab about her dad . . . it was so uncomfortable, so I would just stay here."

Single Parenting

Learning to be a single parent is another obstacle that mothers faced after leaving. Gail said, "We have to take the place of two parents . . . even though I live with my brother, I can't just say, hey, you, come help me, like I could in my marriage, have another person to help me." Women struggled with juggling work and child care, often taking vacation days to care for sick children, with the consequence that they had little time to care for themselves. These findings are supported by Levendosky

et al. (2000), who found spending time away from children while engaged in paid labor and lack of energy at the end of the day made it difficult for women who had left abusive partners to parent effectively on their own. Lauren, who was struggling with an adolescent son who had threatened suicide, said, "You just wish you had someone to whom you could say, deal with him." For some women, these demands were overwhelming. Patricia said, "I'm the one who is responsible, I feel I can't do all of this myself."

In our study, the demands of single parenting resulted in many women's relying heavily on older children to take on functional roles within the family that might otherwise have been assumed by a partner. Similarly, recognizing stress and fatigue in their mothers, children often voluntarily tried to help out. Teamwork and emotional closeness have been identified as critical qualities of single parent families that allow them to effectively meet essential needs (Ford-Gilboe, 2000). Furthermore, although mothers clearly needed help, they often worried about what was reasonable to expect from children and were concerned about not overstepping the "boundaries" of traditional parent-child relationships. However, increased responsibility given to children in single-parent families has been linked to higher levels of autonomy, self-esteem, and personal aspirations (Barber & Eccles, 1992). Although single-parent families in general face similar dilemmas, in our study families, intrusion from the many challenges of single parenting occurred in the context of heightened vulnerability from past abuse, which was then intensified by the many other layers of intrusion in their lives.

IMPLICATIONS

Our detailed examination of *intrusion* will assist policy makers and service providers in appreciating the complexity and scope of the central challenges to health promotion efforts faced by single-parent families after leaving abusive partners/fathers. Our findings enhance understanding of the wide-reaching effects of woman abuse over time by clearly demonstrating that such abuse influences not just individual women or children but the single-parent family long after separation from the abuser. The research to date has identified that the effects of woman abuse are long lasting for women and children, that abused women are frequently revictimized by helping systems, and that women's safety is most in jeopardy after leaving. As well, Amato's (2000) review of the divorce research in the 1990s shows that the well-being of children and adults who are custodial parents is negatively affected by solo parenting, continuing discord with the former partner, reduced emotional support, and economic hardship. Rather than identifying isolated factors, our findings provide a holistic perspective of the magnitude, complexity, and interaction among multiple forms of intrusion over time. The strength of using a grounded theory approach in the present study is that the interplay among these various forms of intrusion (i.e., continuing abuse, health outcomes of woman abuse, costs of help, and diminished patterns of daily living), which have not been well captured previously, became visible. Although any one of these types of intrusion can raise problems for families after leaving, the breadth and scope of this interference in everyday family life that results from the interaction among these factors is daunting. Moreover, the unpredictable, yet pervasive and enduring, nature of this

intrusion further intensifies the obstacles that families face in promoting their health.

Our findings also add to our understanding of health promotion in single-parent families. Health promotion has been a strong focus of health initiatives in Canada since the Lalonde report (1974). In the policy arena, the emphasis on personal responsibility for health has gradually shifted to emphasize health as socially determined (Federal, Provincial, and Territorial Advisory Committee on Population Health, 1994; Hamilton & Bhatti, 1996; WHO, 1986). Despite this change, however, much of the health promotion literature continues to emphasize individual health behavior change in specific populations. Our finding, that *intrusion* is the basic social problem for mother-headed single-parent families that have left abusive partners, offers evidence that barriers to health promotion in this population cannot effectively be addressed only by individual or family efforts to change lifestyle. Rather, public policies that enable the continuation of multiple forms of intrusion require change. Although it is well understood that individual social determinants, such as poverty (Williamson & Reutter, 1999), have negative consequences for health, less attention has been paid to how multiple determinants, such as income, housing, childcare, unsafe environments, and employment, work together to interfere with family health promotion efforts. Our findings begin to uncover this interaction and suggest that to be most constructive, intersectoral collaboration is required to inform the development of both policies and associated support services for single mothers and their children who have left abusive partners/fathers. When such policies or services are developed in isolation from one another, intrusion is more likely to be intensified.

In all policy development and implementation, it is critical that players ask themselves, "How can we help to limit intrusion and enhance family capacity to deal with intrusion?" and "In what ways are we contributing to intrusion and how can we limit that?" Our findings highlight the paucity of timely, accurate, clear information for families about programs, services, and rights. Moreover, many families that received services experienced loss of control as a cost of seeking help from the system that was inconsistent with their desire to gain control and independence. Kickbusch (1994) said that for families to increase control over and improve their health as recommended by WHO (1986) in the Ottawa Charter, health and social policy must begin to reflect changing family structures such as single-parent families. However, increasing globalization has, in fact, reduced government commitment to health and social programs for diverse groups. In reality, women and families led by them have been disproportionately affected by the erosion of social and health services (Brodie, 1996; Evans, 1998; Swift & Birmingham, 2000). Our findings about *intrusion* highlight the need for a long-term view of what is required to produce a sustainable society with concurrent investment in both policies and programs that foster optimal growth and development, particularly for women and children, who are most vulnerable. In our second study, we are currently engaged in participatory research that might provide direction for policy change to better support the needs of single mothers and children who are attempting to move on in the aftermath of abuse.

Finally, grounded theory as a research method is sometimes criticized for having a deficit focus by seeking to identify a central problem. This is particularly salient for those who view health promotion from the perspective of building on

assets rather than fixing problems (Ford-Gilboe, 2002; Hartrick, 1997). However, the basic social process identified in grounded theory research demonstrates how the population being studied has dealt with the identified central problem, thus revealing strengths and capacities. Although discussion of this social process is beyond the intended scope of this paper, we submit that understanding the problem of intrusion is fundamental for health providers to shift from a deficit view of single-parent families who have left abusive partners toward considering both the context and everyday reality of their lives. With a more complete understanding of *intrusion*, health providers can help families to regain control of their lives, support grassroots efforts to enhance capacity, and begin to address structural and system constraints to health in a more constructive way.

NOTE

1. Pseudonyms have been used to protect the anonymity of participants.

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Judith Wuest, R.N., Ph.D., is a professor and CIHR/UNB investigator in the Faculty of Nursing, University of New Brunswick, Fredericton, New Brunswick, Canada.

Marilyn Ford-Gilboe, R.N., Ph.D., is an associate professor of nursing at the University of Western Ontario, London, Ontario, Canada.

Marilyn Merritt-Gray, R.N., M.N., is a professor of nursing at the University of New Brunswick.

Helene Berman, R.N., Ph.D., is an associate professor of nursing at the University of Western Ontario.