

Excusable Deficiency: Staff Perceptions of Mothering at Shelters for Abused Women

Violence Against Women


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Abstract

This study examined how staff members in shelters for abused women perceive the women's mothering and the challenges when working with these mothers. Data were collected through focus group interviews with 30 workers at Israeli shelters for abused women. Findings revealed that workers typically held a "deficit perspective" when describing the residents' mothering skills. Most seemed committed to the notion of empowerment as a guiding framework for intervention with the women and made an effort to facilitate the women's choices and autonomy in spite of the obstacles. The study examined workers' perceptions from personal, professional, and sociocultural perspectives.

Keywords

mothering, shelters for abused women, shelter work

Introduction

Emergency shelters were the first services specifically developed for women abused by their intimate partners (Dobash & Dobash, 1979; Ferraro, 1981; Schechter, 1982) and remain the primary resource for protecting them and their children. In most cases, shelters are a last resort for abused women, who often arrive at their doors for want of any other living arrangement.

While many studies have been conducted in the past two decades on the experiences of residents of shelters for abused women (e.g., Baker, 1997; Few, 2005; Humphreys, Lee, Neylan, & Marmar, 2001; Krane & Davies, 2002; Tutty, Weaver, & Rothery, 1999), very little is currently known about the challenges faced by shelter staff in their demanding and

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complex work and how they perceive and cope with these challenges. Dutton (1992)—one of the few who have referred to the difficulties encountered by practitioners in the domestic violence domain—asserts that no professional experience is more demanding than working with trauma victims. The heavy demands of such work stem from the exposure to violence and trauma on a routine basis (Schauben & Frazier, 1995). Added to this are the inherent problems of the shelter environment and of the job—working in a multifunctional, emotionally intensive, crowded, and closed space; coping with few or limited resources; relatively low salaries; and juggling the often conflicting demands of direct practice and ideology (Murray, 1988; Peled & Edleson, 1994; Srinivasan & Davis, 1991; Wharton, 1989).

Shelters for abused women traditionally fulfill several concurrent roles (Epstein, Russell, & Silvern, 1988; Krane & Davies, 2007; Peled & Edleson, 1994). First, they provide women and their children basic physical protection as an immediate solution to the threatened and actual violence directed at them. Second, they provide a sense of security and support for women, potentially enabling them to work through psychological and emotional issues pertaining to the abuse. Finally, an expanded view of the role of shelters sees them as agents of social change. As such, shelters are expected to advance gender equality and women's rights by means of direct empowering work with abuse victims and through social advocacy. It has been suggested that these roles may conflict with one another and compete for the usually tight resources available to shelters (Madsen, Blitz, McCorkle, & Panzer, 2003; Mann, 2002; Peled & Edleson, 1994; Wharton, 1989), thus presenting shelter workers with a particularly demanding professional task. This study was aimed at expanding the understanding of the experiences of staff members in shelters for abused women by studying their perceptions of a single but central and complex aspect of shelter life—that of residents' mothering within the shelter.

The mothering practice of victims of domestic violence is challenged long before they arrive at a shelter. They are forced to care for their children under conditions of a continuing terrorizing relationship that eventually depletes their physical, emotional, social, and material resources (Briere & Jordan, 2004; Golding, 1999; Lafta, 2008; Lloyd, 1997; Woods, 2005). Their ability to maintain their position as assertive, protective, and educational figures in their children's lives is often compromised by the deficiencies of abusive partners as fathers, and by fathers' direct attacks of their role as mothers (e.g., Bancroft & Silverman, 2002; Fox & Benson, 2004; Holden & Ritchie, 1991; Jaffe, Johnston, Crooks, & Balla, 2008; Vock, Elliott, & Spironello, 1997). Furthermore, abusive partners may use family court litigation to continue their coercive controlling behavior and to harass their former partner, and courts may inappropriately hold abused women's stress-related behavior against them in decisions regarding access and custody of the children (Jaffe et al., 2008; Jaffe, Lemon, & Poisson, 2003; Rosen & O'Sullivan, 2005). Unfortunately, child protective services often add to, rather than relieve, the abused mother's distress by blaming her for her children's difficulties related to their exposure to the violence (Davis & Krane, 2006). As observed by others, these responses reflect the long and painful legacy of mother blaming in both theory and practice in the helping professions (e.g., Caplan & Caplan, 1994; Krane & Davies, 2002; Jackson & Mannix, 2004; Joyce, 2007). These difficulties magnify one another and are further heightened by the unique needs of children exposed to domestic

violence. These children tend to display a wide range of stress-related difficulties, such as behavioral problems, difficulties at school, high levels of emotional distress, and developmental problems (Kitzmann, Gaylord, Holt, & Kenny, 2003; Ware et al., 2001).

Further challenges to the mothering skills of abused women await them on arrival at the shelter. The very move to a shelter represents a significant change in the environment and setting in which the women usually care for their children and has been described by them as a stressful event (Krane & Davies, 2007; Ware et al., 2001). The physical distance that they have finally put between themselves and the daily abuse they used to endure allows psychological, emotional, and posttraumatic symptoms that had hitherto been repressed to rise to the surface, adding to the strain (Follingstad, Neckerman, & Vormbrock, 1988). To complicate matters further, family life in the shelter is almost entirely exposed for all to see—in marked contrast to the usually private and concealed nature of abusive relationships and of routine mothering practices. The interactions between the women and their children occur mostly in public areas, in the presence of other women and of shelter staff, and are considerably controlled by shelter staff and shelter rules (Boxil & Beaty, 1990; Cosgrove & Flynn, 2005; Krane & Davies, 2002, 2007).

The mothering-related challenges faced by abused women at the shelter have a direct impact on shelter staff members, who are morally and legally responsible for the well-being and protection of both the women and their children. Few studies have examined the ways in which shelter staff members perceive the care provided by shelter residents or by abused women in general. A study of mental health professionals' perceptions of women's experiences of family violence has found that professionals tend to view such women as dependent, unintellectual, passive individuals who generally attach little significance to morality in the education of their children (Crnkovic, Del-Campo, & Steiner, 2000). Krane and Davies (2002) found that the shelter staff in their study emphasized messages to the women to separate from the abusive partner and establish independent lives, while issues of mothering were mostly invisible. When attended to it, the women's mothering was not perceived by them as a complex, multifaceted issue, but rather through the lens of idealized social constructions about mothering and motherhood. Drawing on that work, these investigators recently found that shelter staff experience a heightened sensitivity to mothers' behavior toward their children: subjecting it to critical scrutiny on the one hand, while romanticizing and idealizing mothering functions on the other (Krane & Davies, 2007). This finding is consistent with data suggesting that professionals in the field of domestic abuse tend to exhibit more immediate reactions to reports of domestic violence where children are present, even when they were not legally required to do so (Hutchison & Hirschel, 2001).

Available literature discusses the complex interaction between the unique nature of the mothering provided by abused women, the mandate and setting of the shelter in which it takes place, and the personal and professional dimensions of the response of shelter staff to the mothering practices they witness at the shelter. In an effort to further understand the challenges faced by shelter workers when dealing with issues of this sort, this study examined staff's perceptions of the mothering dynamics within the shelter. Specifically, we examined three research questions:

Table 1. Sample Characteristics

The Variable	Range	M (SD)
Age	24-69	42 (10.49)
Years of education	10-20	14.9 (3.05)
Years on the job	1-22	4.44 (5.4)

Research Question 1: How do workers perceive the mothering practices of abused women?

Research Question 2: How do they see their own role when intervening with mothers at the shelter?

Research Question 3: What are the main challenges and dilemmas encountered when working with mothers at the shelter?

Method

Sample

Data for this study were collected through two focus group interviews with 30 workers in 8 Israeli shelters for abused women. All but one participant in the study were women. Half were social workers, nine were matrons, four were educators, one was a psychologist, and one a movement therapist (see Table 1 for additional sample characteristics).

Data Collection and Analysis

The focus groups took place at the end of a half-day seminar for shelter workers on intervention with children of abused women. The seminar program included a short movie on children's experience of domestic violence and two presentations on the impact of domestic violence on exposed children and on core issues in intervention with this population. Mothering-related issues were not discussed during the seminar. The only exceptions were a short discussion of children's complex relationships with their abused mothers and two scenes in the movie portraying the mother's difficulty in discussing the abuse with her children and then a painful discussion of the abuse with her son.

Consent for participation was secured in advance and reestablished at the beginning of the group interview. Each group comprised 15 shelter workers and was led by one of the authors. The interviews were flexibly guided by questions on key issues and dimensions of working with children in shelters for abused women. The main topics presented at the interviews were the life of children at the shelter, interventions with the children, parenting-related issues and interventions with abused women and abusive men, child-related intervention, and child-related shelter policy. (See Table 2 for the focus group interview guide.) The dynamics and dialog that emerged within the groups prompted participants to reveal attitudes and feelings

Table 2. The Focus Group Interview Guide

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- Introductions and setting
 - What is the experience of children in the shelter? (behaviors, feelings, relationships with mothers' staff and other children, changes over time)
 - Describe your interventions with the children (including related issues).
 - What issues are raised in your interactions with the mothers? How do you deal with these issues?
 - Do you have any interactions with family members outside of the shelter? How do you work with them on issues related to children?
 - Do you have any interactions with professionals outside of the shelter regarding the children? How do you work with them?
 - Do you have a policy or guidelines in the shelter regarding intervention with children? What are the professional perceptions of shelter staff on this matter?
 - Conclusion: Chose a metaphor that represents your experience of working with children in the shelter
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about their shared experiences and roles, thus offering an opportunity to obtain unique information (Frey & Fontana, 1993; Morgan & Krueger, 1993).

The interviews were recorded both on tape and in shorthand by an observer and later transcribed, based on both sources. Transcripts of the interviews were then content analyzed (Patton, 1990) in the tradition of naturalistic inquiry (Lincoln & Guba, 1985). The data were first sorted into seven central inductive categories, roughly following the interviews' main topics, and then into subcategories. The central categories were shelter characteristics, shelter routines, children's characteristics, father-related issues, mother-related issues, children's related issues, and intervention with the children. This article is based on the data contained in the central category referring to mothering at the shelters. Further analysis of these data was guided by the aforementioned three research questions.

A careful analysis of the data did not reveal a differentiation of response patterns by workers' characteristics such as education, experience, role, or time on the job. This could be explained by the focus group data collection method that provides specific information on selected topics from diverse points of view rather than an in-depth, contextualized examination of the experiences or perceptions of individual participants. This may be particularly true for bigger groups such as the ones used in this study, and in the unique context of shelter work as apparent in our data. Several participants described in the interviews the fuzziness of professional and role boundaries within the shelter. For example, a house matron said, "We do everything needed with the mothers and the children. If [a woman] arrives depressed, than we treat her with the children; sit with her to get her out of it. We are missing a lot of staff so we manage with what we have." Another educational staff said, "I am not a social worker in profession but I do social work in the shelter." It is possible that such crossover in roles and practices among shelter workers, in addition to the intense exposure of each of the workers to both formal and informal interventions with the women and their children, blurs the lines

among perspectives grounded in professional experience and socialization or makes them more obscure in a focus group interview.

Results

As expected, participants commented on the public nature of mothering practices within the shelter. It appears the staff would have preferred not to see as much of the residents' private interactions as they did and to avoid some of the information they were exposed to by "living with" the women and their children:

As social workers we have a unique opportunity at the shelter—a rare one, for better or worse—to see [how] the family functions as a family at their most natural. And you almost live with them and see how they function as a family day to day, under a microscope, as it were. . . . I say for better or worse because of the fear of how much I am infringing on the privacy of a person, and wondering where the boundary lies between what I, as a parent, know may be right, think is right, believe is right, and what we are doing there after all. (A social worker)

In these circumstances, the staff responded in various ways to the behaviors of both mothers and children. Their responses toward the mothers at the shelter both encompassed and were shaped by their perceptions of the dynamics of domestic abuse, of women in general, and of their mothering skills in particular. Responses were also influenced by professional ideology and training and included specific procedures and techniques.

In line with the research questions, the results first depict the staff members' perceptions of shelter residents as "deficient mothers." We then describe the staff's explanations as to the origins or causes of this deficiency. Finally, we highlight two major dilemmas that arose during interventions with mothers at the shelter.

The Women as Mothers

The participants' overall portrayal of the residents' mothering skills was critical. In the main, they employed a deficit perspective in their descriptions: They focused on the problems and failures, almost never on strengths and competencies. In contrast to the cultural myth of mothering (and maybe because of it), the participants in our study generally characterized their residents as ineffective, self-centered, indifferent, abusive, or loveless mothers.

The ineffective mother. Several staff members described some of the residents as "ineffective mothers" due to the latter's difficulties in communicating and asserting their authority with their children or in setting clear boundaries for them. For example,

You see children who start to be aggressive towards the mother. . . . Sometimes the woman . . . can't handle this, and maybe she unconsciously reinforces this behavior a little. It's hard for her—after all, it's her son. And the woman finds it very hard to criticize her son and set boundaries for him. (A psychologist)

Workers felt that the mothers' failures in these areas both harmed their children and made their lives more difficult, given the children's behavioral problems as a result.

The self-centered mother. According to participants, some mothers exploit their children as allies, messengers, or supporters, while ignoring their wishes and needs. The most common example of this kind of behavior was to put pressure on the child to side with her against the child's father. For example,

We have a problem that we sometimes have to deal with, with mothers who never stop turning the child against the father, because she thinks that that's what's right. . . . The children arrive with a perception of a good father, and the child doesn't need to speak evil of him or to be turned against him. But the mother is intent on putting across the message, "I am the good one, I'm the one raising you right now, you are with me." And sometimes it's a way of influencing custody decisions: If the child hasn't made up his mind whom he wants to be with, it's to influence him to stay with her and to continue to be attached to her. (A social worker)

The indifferent mother. While self-centered mothers were portrayed as vesting an interest, however misguided, in their children, "indifferent mothers," as described by some staff members, had little energy for any interaction whatsoever with their children. They were impatient with the children, distant, or even alienated from them:

In the day-to-day work we encounter indifference on the part of the mothers. . . . It's a little hard to bring the mothers back to life to care for their children. (An educator)

The abusive mother. The various failures of shelter residents to function as "good enough" mothers were cited by staff members in terms of the emotional or developmental damage caused to the children as a result. However, two or three workers referred to incidents where residents were physically abusive toward their children. For example,

A very large number of battered women . . . as part of their situation as battered women, hit their children and cry about it bitterly. Because this is not what they would like to be doing—they are not bad mothers, they themselves do not understand why. (A social worker)

The loveless mother. Finally, one worker described the "ultimate motherly sin" of some residents—that of not loving their children:

We've had cases where mothers love some of their children but not others. We had a very interesting case, a woman arrived with four children, and the youngest, who is almost three years old—she can't look at him. A beautiful child, but he doesn't walk, doesn't speak, just sits in the crib the whole time—in the crib. She feeds him there and changes his diaper, and she doesn't pick him and hold him. And she keeps

saying: "Take this wolf away from me, take this wolf away from me!" Why? Because he looks exactly like his dad. (A matron)

This description depicts a unique situation, but it is also typical in that it contains three elements that feature in most of the staff members' descriptions of mothers at the shelter. The first two elements, already mentioned, are (1) problems with women's functioning as mothers, and (2) the harmful consequences for their children. The third element is the explanations or accounts that the shelter staff provided for the women's shortcomings as mothers.

Understanding the Women's Problematic Mothering

The staff seemed to have been caught between a rock and hard place. They felt sorry and responsible for the suffering children, and, occasionally, they were also angry at the women for not being good enough mothers. At the same time, they seemed to be aware of the women's own suffering and empathized with them. This was evident in the grounding of some of the participants' comments regarding the women's mothering in an understanding of their experiences as victims of severe abuse. One social worker, for example, started a story about a mother's total lack of authority toward her 3-year-old child with these words: "I have a woman who went through extremely severe violence which impacted her emotionally in the most severe way I ever witnessed. Now, this woman has a three-year-old child . . ."

Another educational staff member described her intervention with a mother of a girl who displayed various problems attributed to being abused by her father prior to arrival at the shelter:

The girl didn't have any direction and I felt strongly the disconnection of the mother [from her]. She tried but didn't have any patience and I really understood her, because she had so many problems of her own, with what she went through with the father and with her two other children remaining at home.

Under these circumstances, it is not surprising that staff members found ways to reframe the mothers' "bad" behavior and to account for it. As one social worker said about mothers who abuse their children: "It's not because this is what they want to do, they are not bad mothers, they themselves do not understand why." Thus, while they generally perceived the residents as inadequate mothers, for the most part they did not blame them for their inadequacy.

Most of the explanations provided by the staff for the women's deficiencies depicted them as helpless, listless victims. As evident also in several of the quotes presented so far, residents were described as women who were badly hurt by the violence they experienced, overburdened by multiple problems, had low self-esteem, and experienced depression. Taken together, the participants suggested, these factors were enough to incapacitate the women's mothering abilities and to dull their perception of their children's feelings and needs. According to the staff, the women would have liked to be better mothers, but they did not have what it takes to achieve this.

Related to this view of the women's mothering is the extent to which the women's deficiencies were perceived as temporary and situational or, rather, as typical to their ongoing parenting. At least some of the participants' comments on this matter suggest they saw the women's parenting in the shelter as reflecting their general and continuing parenting patterns and, frustrated, were skeptical about the potential for future improvement:

Sometimes you see women with such problematic parenting that you know that even after the shelter [stay], nothing will change in the damage they do to their children. And this is a very difficult feeling. [The child] would go back home and the things the mother does to him which are horrific will continue. (A social worker)

Workers' perceptions regarding the deficiencies of shelter residents as mothers have a bearing on the practicalities of shelter work. Specifically, workers described their responses to the residents' failures as mothers and their concerns regarding the provision of the children's needs while at the shelter.

Who Mothers the Children at Shelters for Abused Women?

The data suggest that the task of mothering at the shelter can be conceptualized as a complex relationship between the "private" mothers and the "big mother," that is, shelter staff who care for the children directly by working with them and, indirectly, by guiding and supervising their mothers. As put by one of our interviewees: "Apart from the child's private mother, there is also the 'big mother' who tells the mother what to do." This state of affairs appears to result at times in "meta-parenting," where staff members mother both the children and their mothers. However, since abused women are not children and are after all the mothers of their children, the staff wrestled with questions of responsibility and boundaries vis-à-vis the children: Who is ultimately responsible for their well-being—their mother or the shelter staff? How much responsibility should staff assume for the residents' mothering?

We're constantly trying to improve, for example, the issue of the mothers' responsibility, which somehow we got into . . . once it was clear to everyone, then, all of a sudden this question of responsibility went away for us. As staff it just disappeared. We got up one morning and said to ourselves: "Heck, what are we doing here? This is not my child!" . . . So we changed; we now work on involving the mothers as much as possible in the children's activities, as well. (A social worker)

It seems that the staff we interviewed, in their role as the "big mother" were faced with a seemingly impossible and multifaceted situation. While they regarded the shelter residents as incompetent mothers, they nevertheless strove to encourage the women's autonomy in that role. In addition, they felt responsible for protecting the women's children from harm and providing for their needs. Finally, they saw it as their role to maintain order and routine at the shelter. The continuing tension arising from the interplay between these seemingly

contradictory goals is reflected in the staff members' descriptions of their interventions in connection with the women's mothering behavior.

Ideology and Reality in Empowerment Intervention With Women as Mothers

Most staff members seemed to be committed to the notion of empowering the shelter's residents and thus made an effort to facilitate the women's choice and autonomy. To this end, their role was to strengthen, support, and validate the mothers in their interactions with the children. For example,

We work on building and strengthening the mothers' parenting. . . . The individual work, the group work—it's all done with lots of optimism above all else . . .—so when the woman gets to her role as a mother, and we are behind her, she does the talking, she executes things, but she knows that we are behind her, that she can rely on us. We don't do it for her, but in all domains, we are there with her all the time. (A social worker)

Everyday reality at most shelters posed significant obstacles to realizing this goal. Empowerment seems to have been a sticky issue for most staff most of the time, for at least three reasons: the inherent paradox of empowerment, the conflicts between empowerment and educational approaches, and the conflicts between empowerment and child protection.

In common with many other professionals in charge of empowering the disadvantaged and oppressed, shelter staff faced the inherent paradox of "empowerment work." The very existence of an empowering agent who initiates and controls the empowerment puts the person being empowered in an inferior, controlled position. It is as if the power source lies within the empowering person. As one matron put it, "We tried to empower her and tell her that she is the mother." Another told us,

I sat with her and told her, "Let's try something else: we've already seen that [your child] listens to all of us, so *let's give you back the reins* [italics added]. You will be more assertive, more with boundaries, and don't bring him to me with every little thing. When I feel that I have to intervene, I will do it in such a way that he understands that I want him to do it this way because *you* want it, that I'm giving you respect." (A social worker)

A second empowerment-related challenge stemmed from the commitment of many staff members to improve women's mothering by teaching them how to "think correctly" and how to do well as mothers. For example,

We've now turned to someone who is an educational specialist, to put together a series of short workshops for us. . . . The second [workshop] is to help mothers in communicating with the children and [learn] how to really establish communication

with the children, and how to deal, how to play with the children, how to treat the children. (A matron)

The staff also described how they structured the setting of mother–child interactions at the shelter, with a view to promote “quality family time”—for example, by requiring mothers to stay in the room with their children between 2 and 4 p.m. While this educational approach arose from the staff’s aforementioned perception of the women’s inadequate mothering capabilities, it also conflicted with their desire to empower the mothers, since it cast them in the role of the authority on what constitutes “good mothering practice,” thus constricting the women’s free choices as mothers.

Finally, a third obstacle to realizing an empowering approach toward women’s mothering was the issue of child maltreatment, which all staff members seemed to have struggled with. Harsh treatment of children by their mothers was not uncommon at the shelters and often took place in the staff’s presence. Staff members were committed to protecting children from abuse and hence had to intervene when mother–child interactions were, in their judgment, abusive to the child. However, on the occasion when they intervened, particularly when this was done in the child’s presence, they effectively took power away from the mothers. In other words, by interfering with the mothers’ parental autonomous decision-making they also disempowered them.

Discussion

The picture painted by the staff we interviewed of mothers at shelters was one of what we might call “excusable deficiency.” They viewed the residents’ mothering practices as problematic but, at least to some extent, understood it as stemming from the women’s histories of abuse and the harsh realities of their lives. Staff’s critical perceptions of the mothering of shelter residents seem to echo strongly held social expectations and myths concerning mothers and mothering. These myths depict motherhood as an instinctive, self-fulfilling, and enjoyable experience, and expect mothers to be totally devoted to their children and provide them with all their needs at all times. Women who fail to meet these expectations are at risk of being defined by society and its professional agents as “bad mothers” who neglect and abuse their children, thus hindering the latter’s normative development (Douglas & Michaels, 2004; Hays, 1996; Rich, 1976). Depicting the mothers as helpless victims themselves is the only socially acceptable prism through which “bad mothering” may be excused, and then, too, only to a limited degree. Perceiving the mothers’ failures as “excusable deficiencies,” as found in this study, enables “bad mothers” to receive social compassion. However, emphasizing the identity of victims may be at the price of relieving them of their agency and competencies as autonomous, responsible parents (Ashe & Cahn, 1994; Lamb, 1999; Swift, 2002).

Indeed, our interviewees reported finding themselves, on a daily basis, in delicate situations where they viewed the women at once as adults accountable for their children’s well-being and as victims of abuse requiring support. This clash between perceptions is reflected in the staff’s organizational mandate to care for and protect both the women and

their children. In line with previous studies (e. g., Crnkovic et al., 2000; Krane & Davies, 2002), our data suggest that workers feel obliged, and are expected, to keep a close and vigilant eye on the children at the shelter and prevent any potential harm to them, including that which might be inflicted by their mothers. Furthermore, shelter regulations instruct staff to maintain order and to preserve the shelter's routine, acting variously as "peacekeepers" or as disciplinarians when interacting with shelter residents (Cosgrove & Flynn, 2005; Epstein & Silvern, 1990; Krane & Davies, 2007; Shostack, 2001). In an effort to fulfill these organizational requirements, staff may stress residents' responsibility to function adequately as parents, that is, to control their children and to provide for their emotional and physical needs. At the same time, the ideology and practice guidelines of most shelters, including those in Israel (Israeli Ministry of Welfare, 1998), direct workers to persistently and continuously advance the empowerment of residents in an effort to help them regain a sense of choice and control over their lives (Profitt, 2000; Shostack, 2001). Dilemmas arising from the need to comply with these often contradicting organizational expectations as they relate to residents' mothering were repeatedly raised at the group interviews. Staff members highlighted the paradox inherent in empowering practice within a hierarchical organizational setting that is judged, first and foremost, on its ability to provide a safe and controlled sanctuary for families at immediate physical risk.

The noticeable conflicts experienced by our interviewees between their empathy to residents' needs as victims and their criticism of residents' functioning as mothers may be explained also through various processes of identification and countertransference. These processes, common to therapeutic professional relationships, are particularly apparent when—as in this study—both staff member and client are women or mothers (Madsen et al., 2003; Schachtel, 1986). In such cases, the caring relationship described is characterized by high degrees of identification and flexible boundaries. Female professionals tend to view their female clients both as mothers and as children and respond in accordance with their own personal experiences as mothers and as daughters (Miller, 1991; Orbach & Eichenbaum, 1993). Thus, when viewing women residents from the child's point of view, a staff member may put a greater emphasis on the quality of the mothers' functioning with their children than on the circumstances in which these mothering experiences occur. However, taking the mother's standpoint is likely to lead to a greater understanding of, and empathy toward, the residents' deficiencies as mothers. These views will also be shaped by the staff members' attitudes toward motherhood and mothering mentioned above—ranging from seeing mothers mainly through their social obligation and responsibility to fulfill their children's needs, to viewing them as subjects in their own right (Davis & Krane, 2006; Hirsche, 1989; Jeremiah, 2006; Rich, 1976).

As we have seen, shelter staff continuously face multilayered clashes between personal, organizational, and sociocultural perceptions of abused women as mothers. Their task, therefore, in finding a balanced response to mothering-related issues at the shelter is a demanding and complex one that can be very stressful. This may partially account for the negative outcomes of working with victims of domestic abuse. Professionals in this field have been found to display high rates of burnout and secondary traumatization or "compassion fatigue," as well as a wide range of posttraumatic, anxiety, depression, and

general psychological distress symptoms, and changes in perceptions of self and of others (e.g., Dutton & Rubinstein, 1995; Epstein, & Silvern, 1990; Herman, 1992; Pearlman & Saakvitne, 1995).

This study laid the ground for future research on the staff members of shelters for abused women and on professional perceptions of abused women as mothers. Future research may attempt to document and further understand the interplay among personal, organizational, and sociocultural influences on shelter work with women as mothers through in-depth interviews with shelter staff. It may directly study the possible links between work-related stress and dimensions of involvement in mothering-related incidents. It may also focus on other categories of professionals working with abused women and study their perceptions and practice with abused women as mothers, as influenced by factors such as length of professional experience in the field, age, education, or parental status.

Implications for Practice

Several implications for practice may be drawn from this study. Shelter staff may benefit from examining their personal, professional, and sociocultural experiences and values toward mothering in general and toward abused women as mothers in particular, and to look for ways to balance or resolve existing conflicts. The hope is that this will render them more capable of balancing these factors in response to mothering-related issues at the shelter and avoiding potential work-related stress. For example, staff may need a clear definition of the boundaries they are expected to maintain when intervening in mothering-related issues at the shelter in light of the tension between the desire to maintain objectivity and emotional distance (Baines, 1991) and the development of identification and countertransference with the mothers (Goldblatt & Buchbinder, 2003; Illife & Steed, 2000).

Studying and discussing mothering-related issues at the shelter can take place in organized forums, such as symposia, staff meetings, or in-house introspective group gatherings (Saakvitne, 2000; Sharlin & Shamai, 2000); at supervision meetings at which individual aspects of the complexities of caring relationships between female staff and mothers can be further processed (Mills, 1998; Pearlman & Saakvitne, 1995; Sexton, 1999); and through exposure to literature on the mothering experiences of the victims of domestic violence as reviewed earlier. In addition, staff members may use several methods of self-care in order to reduce work-related stress. These include self-nurturing and support-seeking, participating in personal therapy, diversifying their professional responsibilities, and taking part in political action as means of empowerment (Dutton, 1992; Trippy, White Kress, & Wilcoxon, 2004).

Limitations

As for the methodology of this study, it is important to note the limitations of generalization and of focus groups as a method of data collection. Though the research sample was heterogeneous, it was not representative of the entire populations of shelter workers in Israel and, of course, elsewhere. This, combined with the nature of qualitative methodology,

implies that the transferability of the findings to other contexts should be carried with the appropriate caution and tentativeness (Lincoln & Guba, 1985). While the group format spurred participants to discuss and respond to shared experiences and roles, it is possible that additional, particularly personal, issues might have been shared with us during individual interviews. Furthermore, it is possible that the staff's stories and responses about mothering practices at the shelter were influenced by the emphasis put—both at the workshop prior to the interviews and during the interviews themselves—on aspects of interventions with children at the shelter. It is possible that the workers' critical views of the residents' mothering skills were reinforced by their extensive reflection on the state of children exposed to domestic violence and of those at the shelter.

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