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What do we know after decades of research about parenting and IPV? A systematic scoping review integrating findings

Cindy Sousa
Bryn Mawr College, csousa@brynmawr.edu

Manahil Siddiqi

Briana Bogue

Almost 1 in 3 women has experienced Intimate Partner Violence (IPV), which includes physical, sexual and emotional violence, as well as threats (World Health Organization [WHO], 2013). IPV is more common in households with children than without children (McDonald, 2006) - one in fifteen children witness IPV (Hamby, Finkelhor, Turner, & Ormrod, 2011). For mothers and children alike, intimate partner violence is implicated in an array of negative effects on mental health, increasing the risks of depression, PTSD, substance abuse, and behavioral problems (Margolin, 2000; WHO, 2013).

While the parent-child relationship protects children from deleterious outcomes (e.g., warm and responsive parenting, appropriate discipline, and mothers' connections with external resources) (Herrenkohl, Sousa, Tajima, Herrenkohl, & Moylan, 2008; Holt, 2008), in circumstances of IPV, caregiving is profoundly challenged. Mothers suffering from abuse are often emotionally and logistically overwhelmed by violence and may face diminished logistical and social support (Osofsky, 1999). Recent reviews bring together substantial evidence about the connections between IPV and negative parenting practices as well as IPV and problems with attachment (Chiesa et al., 2018; Velotti, 2018). Abusers and the systems that surround IPV, including criminal justice and child welfare systems, often undermine or even directly attack women's sense of confidence and efficacy as mothers (Radford & Hester, 2006). Mothers contending with IPV shore up internal and external resources to protect their children and promote family well-being – a process which has been termed parental resilience (Gavidia-Payne, 2015).

According to theories about parental resilience, three key factors undergird the process: psychological well-being, a sense of self-efficacy and optimism; and resources within and connections to outside family members, friends, and communities (Belsky, 1984; Gavidia-Payne,

2015). Parental resilience can be conceptualized in much the same way as we now understand resilience writ large: as independent of outcomes, specific characteristics, or achievement, but rather constituted within steady, multifaceted, often ongoing coping responses people mount in the face of oftentimes unrelenting stress and violence (Anderson & Danis, 2006; Lazarus, 2000). Applied to IPV, theories about parental resilience must represent its unfolding as complex and manifold, evident in acts that are small or large, fruitful or not.

Adequately conceptualizing mothers' experiences and resilience within IPV requires we derive nuanced understandings about women's experiences from analyses of how mothers actually operate and strategize within violent contexts. Most importantly, we need models about parenting within IPV that counter an over-reliance on victimhood among women and a myopic focus on problems with attachment or negative parenting practices, as these deficit-based models leave out women's agency and resilience (Lapierre, 2008; A. A. Levendosky, 2000; Nixon, Tutty, Radtke, Ateah, & Ursel, 2017). To enrich integrative work about parenting and IPV, we must continue to draw out the complex dynamics that surround parenting practices within IPV (Anderson & Van Ee, 2018; Austin, Shanahan, Barrios, & Macy, 2017). Addressing this need for deeper exploration into how parents actually experience and respond to the effects of IPV on their parenting, we undertook a systematic scoping review (Arksey & O'Malley, 2005; Levac, Colquhoun, & O'Brien, 2010). Our review focuses on two questions: first, what does existing literature demonstrate about how living within IPV influences parenting, and second, what is the state of empirical findings related to how, despite the many adversities that occur within IPV, mothers navigate their duties as caregivers and continue to promote well-being?

Methods

Identification: Search process and criteria

Given the vast conceptual and methodological range of literature on the topic, we chose to conduct a scoping review. This approach best suited our aim of synthesizing findings across multiple studies to "map," or ascertain the central ideas, about mothering within IPV to build a conceptual framework that reflected the current state of the literature about the relationship of IPV to parenting (Levac et al., 2010; Peters et al., 2015; Snilstveit, Oliver, & Vojtkova, 2012). We employed an integrated design in which we gathered and analyzed information from quantitative, qualitative, and mixed-methods studies, using best practices for narrative, scoping reviews (Arksey & O'Malley, 2005; Levac et al., 2010; Popay et al., 2006; Sandelowski, Voils, & Barroso, 2006; Thomas & Harden, 2008). In line with practices tied to narrative scoping reviews, we did not exclude studies based on their methods, although we did track and later analyze methods used and the associated benefits derived from these methods (e.g., longitudinal designs or those that used mediation or moderation).

Insert Figure 1 about here

Figure 1 illustrates the process for literature searching, including the search terms and engines used. We began this review with the aim to look at parenting within three different types of violence: IPV, as well as community violence and political violence (later, we separated the project into three distinct analyses of these different kinds of violence). We initially conducted preliminary searches in Fall 2014 and Summer and Fall of 2015 that were broad and sweeping to ascertain the feasibility and general terrain of the literature. Using results from these searches and consultation with a subject expert librarian, we clarified search terms, arriving at multiple variations for intimate partner violence, as well as all variations for parent, mother, or father (e.g., parent, parents, parenting, parenthood, etc.) through using an asterisk in Proquest and Web of Knowledge or searching for all iterations in Google Scholar. Final searches in 2016 and 2019

(for articles from 2016-2019) were confined to eight databases in ProQuest, since the searches from 2015 in Web of Knowledge and Google Scholar resulted in thousands of duplicates and only three unique articles during the title searching. As suggested by analysis of best practices for review articles (Dickersin, 1994; Helmer, 2001), to increase the comprehensiveness of our search, we conducted hand searches of reference lists and our existing databases to identify additional articles that met the criteria for inclusion.

Insert Table 1 about here

Table 1 documents our inclusion criteria and examples of reasons for exclusion. We developed the general criteria prior to beginning searches, and clarified it after our initial broad comb through the literature in the formative searches (Fall 2014 and Summer and Fall of 2015). For our final searches, we consulted this pre-established criteria to make decisions. If there were questions about inclusion, the first two authors of this review **(initials blinded)** read the article and jointly resolved the issue. No articles remained in dispute after consultations. To determine the reliability between reviewers, a random sample of 50 titles and abstracts was drawn from a search using the search terms "violence and parent* or mother* or father*." The first two authors of this review **(initials blinded)** independently decided which articles they would include in the next step, the full text review. This test resulted in a 90% agreement rate. The results of this test of inter-rater reliability, along with the detailed, ongoing process of joint deliberation, enhanced the soundness of the selection process, as suggested by scholarship on best practices for literature reviews (Shamseer, 2015). We initially identified over 6,000 articles through our database searches. Our process of screening resulted in 136 articles that were included in the review. It should be noted that we did not explicitly limit ourselves to studies about women facing IPV, yet no articles focused on men's experiences of IPV turned up through our process of identification.

Organizing, analyzing, and synthesizing results of studies

We first charted the data by creating a data extraction form (Arksey & O'Malley, 2005).
Here, we documented multiple study characteristics in columns (location; the sample size and
strategy; methods for collecting and analyzing the data; tools or measures used to collect data;
follow-up period where applicable). We also documented (in two separate columns) the effects
on parenting and processes of coping and resilience. In addition to noting substantive findings
(including null results) related to the questions posed in this review, we also noted other
information that would help us to explain the contexts of the findings or how other variables
included in the study influenced findings (e.g., how coping strategies related, how effects on
children differed by age or gender, etc.).

We then applied codes to our data extraction form and analyzed results, generating
themes organized along the two dimensions of our research questions: (1) effects of violence and
(2) coping and resilience. We discussed and refined these themes throughout the iterative process
of organizing data from our data extraction form into our thematic table (Table 2) and analyzing
our findings into a conceptual model that we used to further synthesize results of studies. Our
themes were developed in the Fall-Winter 2015 title search process, at which point we had 31
articles. While the subsequent subject searches yielded about 100 additional articles, analyses of
these did not lead to any new themes, indicating that the initial coding scheme soundly reflected
the state of the literature.

Insert Table 2 about here

As we analyzed our results, we were concerned with exploring and documenting any
specific nuances provided by study authors. In our data extraction form, we documented if
studies explicitly captured causal mechanisms relating to how parents' experiences of violence

influenced their parenting and then child outcomes, either by using mediation or moderation or through qualitative design that elicited causal chains. Because there might be specific implications for interventions, we also documented if studies explored whether or how strategies of resilience were results of parents' calculated actions (for example, helping children express their emotions as a direct parental response to children's demonstrated emotional problems) rather than more generically deployed parenting strategies (i.e., demonstrating warmth because it is generally known to be protective). In our full thematic table that listed each study (Table 2 is an abbreviated version of this full table), we used notations to signify if the studies used mediation or moderation, were longitudinal, or ascertained that mothers' coping behaviors or amplified caregiving practices were deliberately planned to address specific issues or challenges. In our discussion, we devote some limited space to discussing these aspects of studies, and how these nuances offered particular insights into the processes related to parenting within violent contexts. Our more detailed thematic table with all 136 citations and the notations signifying the above-mentioned methodological aspects of studies is available from the authors.

Results

Insert Figure 2 about here

Table 2 documents the final themes and corresponding number of articles that emerged through our analysis regarding the effects that living in violent contexts has on parenting and aspects of parents' coping. Readers should consult the table for definitions of the broad themes and the various sub-themes described by the expansive themes that are our section headings in our presentation of results. Our conceptual framework (see Figure 2) was developed throughout our analysis within an iterative process, wherein we both represented our major thematic findings and used the process of conceptual model creation to refine and sharpen the final themes (and the

relationships between themes). Paying particular attention to parental resilience, here we briefly

discuss results from a few key studies that offer particular insight into the processes surrounding

the broad findings we describe. We remind readers that we are summarizing findings from across

multiple articles. Our conceptual model helped us bring together disparate themes. It was

particularly important to us in our conceptual model to think through the ways that various

pieces fit together, because several articles do suggest some connections. Yet, in crafting a story

line we do not mean to imply a causal process across separate articles.

Parenting practices

Attachment, warmth, nurturance, communication.

Given the developmental importance of parents accurately reading and responding to

children's emotional cues (Bowlby, 1969; Bradley, 2007), it is not surprising that multiple

studies focused on how IPV influenced this process. Multiple studies (n=64) demonstrated that

IPV was related to a decline in nurturance and communication, and often led to an increase in

abuse of or aggression towards children. In some cases, studies showed that mothers may engage

in harsher parenting out of their own emotional exhaustion pursuant to the abuse, or in attempts

to create order and avoid more severe actions from the abusive partner (Greeson et al., 2014;

Levendosky, & Graham-Bermann, 2000). For example, one qualitative study of women

experiencing IPV found that women described that their abuse of their children was often due to

the fear and exhaustion caused by their own abuse, or represented attempts to manage children's

behavior so as to not "set off" the abuser (Damant, 2010).

On the other hand, many of the studies we located challenged the conclusion that

experiencing IPV absolutely curtails attachment, warmth, and nurturing (n=41). For example,

findings from one national study from a sample of almost 2,000 women indicated that while

current IPV victims had significantly lower scores on measures of parenting responsiveness and learning stimulation than past victims of IPV, there were no significant differences on this measure between current IPV victims and those who were never exposed to IPV; furthermore, neither past nor current IPV significantly increased the risks for mothers' use of spanking (Casanueva, Martin, Runyan, Barth, & Bradley, 2008). Other work indicated that IPV was positively associated with mother-child attachment and parenting effectiveness, and even that women may positively compensate in order to overcome the effects of IPV on their children (Anderson 2006; Buchbinder, 2004). In a quantitative study of women exposed to IPV in the prior year (N=350), 94% reported their top protective parenting strategies were affection and paying attention to raising children's self-esteem (Nixon, Tutty, et al., 2017).

Discipline, control & monitoring.

Another aspect of parenting influenced by living within IPV is effective and appropriate supervision and monitoring, with 9 studies indicating that parents responded with either a hyper-increase in supervision or a deterioration of supervision. Cataloguing these findings helped to draw out important points, such as those from a qualitative study which demonstrated that, within violent contexts, mothers were preoccupied with monitoring not only children, but also circumstances that may precipitate violence, particularly the moods of an abusive partner (Lapierre, 2010a). Other studies found that mothers were increasingly disempowered by the IPV they experienced, which led them to become overly permissive rather than harsher.

Parental vigilance may represent both a maladaptive outcome of violence, one that significantly interferes with the well-being of parents and families (as discussed above) and a deliberate, thoughtful and/or highly protective response to violence, as 15 studies found. One qualitative study discovered that mothers increased their monitoring of their children to try to

avoid violent episodes from the abusive man (Wendt, Buchanan, & Moulding, 2015). Increased monitoring may be important not just for the situation of violence, but to help nurture resilience within children; a quantitative study of mothers (N=219) found that effective discipline and limits protected children from the mental health effects of living with IPV (Graham-Bermann, 2009).

While the body of findings related to parenting practices were consistent and came together well into a heuristic understanding of the relationships between IPV and parenting, it was also important for us to clarify the mechanisms within women's lives that might be responsible for how IPV impacts their parenting. Through our analysis of the literature and concomitant creation of our conceptual model (Figure 2), we developed a deeper understanding of how parenting practices are directly influenced by maternal well-being and by maternal coping (and the relationships between these two dynamics). Specifically, maternal well-being and coping help children directly, but also, as many studies indicated, undergirded parenting practices such that mothers experiencing IPV with substantial mental health consequences would, for example, have poorer attachment. The inverse was true as well – for instance, mothers experiencing IPV who were able to cope with the situation through various strategies had better mental health, which supported their abilities to provide their children with stronger parenting practices, like increased warmth and better discipline.

Maternal well-being: Relationships to and between mental health and maternal efficacy

In our heuristic, maternal well-being as related to IPV included three intertwined factors: the mental health effects of IPV as related to women's parenting, as well as women's sense of efficacy and sense of identity as mothers.

Mental health effects related to parenting.

Many studies (n=22) had findings indicating that mothers' proclivity towards

insensitivity and even violence against their children might be the result of poorer mental health

resulting from the violence mothers endure in their homes. For example, one longitudinal study

of 705 participants revealed that the effects of IPV on harsh parenting is mediated through

maternal depression (Cox, 2012). Similarly, in a qualitative study, Lapierre (2010a) reported that

mothers felt the violence constrained their mothering, leading them to experience depression,

which in turn made it difficult to perform the hard work involved in caring for their children.

Maternal mental health suffers not only because of IPV itself, but by the crisis of parenting

within violence, which incites constant worry and anxiety, distress, guilt (Kelly, 2009; Wendt,

Buchanan, & Moulding, 2015); exhaustion and somatic responses to the strain (DeVoe, 2002);

and increased stress and worry about caretaking (Buchanan, Power, & Verity, 2013; Kelly,

2009). On the other hand, not all studies that tested it supported the notion that poor mental

health resulting from parents' exposure to IPV results in impairments in parenting; one

longitudinal study using path models found no indirect effects of maternal mental health within

the relationship of IPV to parenting behavior (Yoo & Huang, 2013)

Maternal efficacy and identity.

Our analysis also demonstrated that IPV undermines the abilities of parents to provide for

children's material or emotional well-being, and in so doing, destabilizes the confidence related

to one's role as a mother.

Several (N=13) studies concluded that IPV creates challenges with mothers meeting basic

needs for their children like food, water, safety, and healthcare. A quantitative study of mothers

N=111) found that 90% reported they were unable to care for children as they would have

wanted to due to abuser's behavior (Mbilinyi, 2007). Multiple studies showed how IPV creates a

particular crisis around finances, resulting in implications for the health of children, and also mothers, as they sacrifice their own food security and access to medications for their children (Brodsky, 1999; Ford-Gilboe, Wuest, & Merritt-Gray, 2005). One large quantitative study found that the odds of mothers receiving inadequate prenatal care were two times higher for women exposed to IPV than for women not exposed to IPV (Cha & Masho, 2014). McInnes (2004) showed that mothers experienced difficulties providing for their children because they needed to abandon basic living necessities when fleeing the violence.

Difficulties providing for children due to IPV lead to profound crises about women's confidence in their identity as a mother, as multiple studies (N=29) demonstrated. Some of these studies illustrated how woman's sense of maternal competence being targeted by aggressors who preyed on women's parental role as part of the violence they enact. For instance, two studies found being pregnant or parenting increased the duration or severity of IPV (Lapierre, 2010a; Vatnar, 2010). In qualitative studies about IPV, women reported that abusers particularly preyed on mother-child bonds and caretaking, as well as their sense of authority and increased vulnerability as a mother (Goldblatt, Buchbinder, & Cohen, 2014; Jones & Vetere, 2017; Moulding, Buchanan, & Wendt, 2015).

Relationships between maternal mental health and sense of maternal efficacy.

As our conceptual model illustrates (Figure 2), our findings pointed to the extent to which threats to maternal confidence and self-efficacy influences maternal mental health for women facing IPV. Multiple studies (N=21) demonstrated that failure to meet the tasks of parenting can undermine mothers' confidence in their parenting skills, producing intense feelings of guilt and parental inadequacy. Some studies (particularly qualitative ones) linked parents' psychological responses (including their feelings of inadequacy, guilt, anxiety, and depression) to their

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challenges in safeguarding children or providing for their children. For example, in one qualitative study of 16 women who had left violent relationships, mothers facing IPV reported sleeplessness, constant anxiety, and despair, disrupting the mother-child relationship as women prioritize achieving physical safety for children over emotional needs- although these mothers remained resolute in their aim of protecting and nurturing their children (Buchanan et al., 2013).

As described above, IPV tends to create deep-seated crises for women around their parenting, with profound effects for their mental health. Yet at the same time, results of some studies (N=10) also pointed to how motherhood constitutes a particular identity that lends meaning, a sense of agency, purpose, and pride to the responsibilities of parenting within IPV. Findings from one study of mothering within IPV highlighted how, against a backdrop of demoralizing violence and the suffering it causes, mothering might represent one of the few areas in which women gain confidence and a certain degree of power, circumscribed as it may be by the women's everyday realities of abuse and control (Semaan, 2013). Studies indicated that seeing the effects of IPV on their children was one of the most important motivators for mothers to seek help or flee (Randell, 2012; Rhodes, 2010), and that women found internal strength from the role of parent (Wendt et al., 2015). Regaining a sense of power from the role of oneself as a parent is only one way that mothers cope with parenting within IPV, as we describe below.

Coping

As illustrated in our conceptual model, coping occupies a central place within the relationships among IPV, maternal well-being, and parenting. We grouped our findings regarding coping into three categories: action coping, emotional or internally based coping, and social coping.

Action/Problem focused coping.

When faced with violent circumstances, some studies showed how mothers directly took actions against the aggressor and the violence itself as well as its consequences. Studies showed how mothers faced with violence might direct actions towards the oppressor, strategizing to overtly or covertly undermine the perpetrator's authority. For instance, studies pointed to how mothers would sometimes directly confront their aggressor, including telling them to leave children alone, calling in law enforcement on the perpetrator, or fighting back (n=10). Nixon et al.'s (2017) survey study of 350 mothers facing IPV found that 61% of respondents reported ending the relationship in order to protect children and parent effectively. Some studies also pointed to how mothers might use negotiation and strategic compliance to try to ameliorate the violence and its effects (n=7). For example, one qualitative study of 18 women found that mothers tried to avoid abuse through appearing to comply with the abuser (Nixon, Bonnycastle, & Ens, 2017). Women might also be able to flee, leaving the circumstances either permanently or temporarily, as over ten studies showed (n=12). These studies showed that leaving the situation of violence with one's children may become a central task of parenting (Kelly, 2009; McInnes, 2004). Even when parents cannot escape the violence, they may physically or emotionally isolate themselves and their children, mandating the children go to their rooms, for example (Haight, Shim, Linn, & Swinford, 2007; Pels, van Rooij, & Distelbrink, 2015).

Multiple studies also showed that even if they do not directly attack the violence, mothers re-configure material and psychological circumstances (n=14). Examples of these strategies included attempts by parents to normalize daily living for and with children and to promote children's well-being through maintaining children's schooling and other routines. For instance, one study found that mothers ignored their own needs and utilized their scarce resources to protect and care for their children, ensuring tasks like getting children to school were

accomplished despite maternal physical injuries (Lapierre, 2010). While all of the studies in this

section demonstrated a variety of action-based coping methods, some studies uncovered how

women used multiple strategies, based on complex and ongoing decision-making processes.

Kelly (2009), for instance, who interviewed 17 women exposed to IPV, found that mothers

oscillated among their use of all of the strategies mentioned in this action coping section,

including staying, fleeing, confronting the abuser, and parenting, as they sought to protect

themselves and their children.

Emotion/internally based coping.

When dealing with the considerable trauma and stress of IPV, women might also turn

inward as a way to mitigate the effects of violence on themselves and their children. One such

strategy is modifying their own emotional reactions to the circumstances, as 15 studies

concluded. In this case, parents work at managing the hardships as they nurture their own

feelings of hope and deny their pain in order to adopt a positive outlook (Buchbinder, 2004). A

few studies drew out how women focus on internal, emotionally based coping explicitly so that

their children will not suffer additional stress (Buchanan et al., 2013; Busch, 2010). As one

might imagine, but the rare study captures, these efforts require mothers to deny their own pain

and suffering while they try to maintain hope and agency, to literally and figuratively move

forward (Haight et al., 2007; Kennedy, 2005). Relatedly, though these findings were limited, one

study pointed to how religion and faith helped with maternal endurance within violence (Pels et

al., 2015).

Social coping.

Another set of findings pointed to how mothers facing IPV tend to seek resources and

support networks to promote well-being among their children, both psychologically and

logistically (N=22). For instance, a quantitative study of women exposed to IPV found that three out of four mothers reached out to informal support networks and half to formal support from professionals in the community (Nixon, Tutty, et al., 2017). It is not always the case that the support networks are positive – this same study also had the women rank the three most and least helpful strategies they used, out of 20 strategies - alongside physically fighting back against the partner and staying with him, mothers identified contacting the police as among the least helpful strategies (Nixon, Tutty, et al., 2017). These findings are echoed by Jones and Vetere (2017), who found that women recalled unhelpful responses from police. Another qualitative study found that mothers were reluctant to reach out for fear of triggering a CPS report (Rhodes, 2010). One study also illustrated how mothers living with IPV might experience their social networks as further burdens and responsibilities rather than a source of help (Bohrman, Tennille, Levin, Rodgers, & Rhodes, 2017).

While social support is clearly important, multiple studies demonstrated how IPV can isolate a mother from her social support networks, closing her off to the tangible and emotional benefits external support can potentially provide her and her children. Many of the studies we examined (N=12) found that mothers experiencing IPV were considerably isolated from family, friends, and community. Some studies showed how this was a tactic of abusers to further their control over women; and the loss signified diminished practical and emotional help with children (McCarthy, 2019).

As our analysis of various coping strategies (action/problem focused, emotion/internally based, and social) illustrate, the effects of IPV on family and child well-being are not simple, but indeed, operate through multiple points. Uncovering these points help us to better understand both the ways that mothers suffer and the ways they adjust their actions to help support their own

resilience and that of their children. Our analysis of the literature suggest that IPV profoundly influences parenting practices, often through its effects on maternal well-being (both mothers' mental health and their sense of efficacy and identity). Maternal well-being, in turn, is profoundly influenced by mothers' coping. Through bringing together a wide range of literature, our analysis helped us build a more comprehensive understanding of the dynamics surrounding motherhood within IPV (see our conceptual model, Figure 2). Our integrative work consisted on not only documenting, but also analyzing, the ways that more comprehensive considerations of the realities of mothering within IPV would benefit from conceptual and methodological shifts.

Conceptual and methodological issues

Having gone over the major themes of the articles, we now turn to a presentation of conceptual and methodological issues we identified within the body of literature we analyzed.

The first issue we noted was how uncommon it was for studies to describe the multi-dimensional reality of living within IPV. Some studies, particularly qualitative ones, were able to tease out women's own descriptions of how living in violence might simultaneously result in both diminished and amplified parenting. For instance, two studies that featured qualitative inquiry found that IPV interfered with bonding and attachment and increased maternal feelings of anger and depression, but also that women actively work so that the effects of IPV are lessened for their children (Letourneau, 2013; Levendosky, 2000). Considering the precursors to women's resilience as parents is important; we must ask what might undergird women's attempts at parental resilience, and what might make these responses more effective? Only a few of the studies we collected aimed to explicitly uncover predictors of maternal actions in the face of IPV. Given the prevalence and consequences of IPV, more attention should be paid not to what parents do so much as how they decide and enact their choices, discovering factors that underlie

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the process of parental resilience. Another relevant and related area of inquiry is how women's efforts to continue the essential tasks of parenting might either tax their well-being or be a potential source of strength – or both - as many studies demonstrated.

Second, it was the rare study that investigated factors that might lead to particular risks or potentials for resilience among mothers and children (e.g., cultural or ethnic variations; age and gender of children; education, income, or professional status). These few studies that looked critically at these details offered important insights into how the relationships between IPV and parenting might differ based on external or situational factors. Relatedly, many of the studies we reviewed had findings that illustrated the importance of social context for women. Yet most studies did not explicitly consider how intimate partner violence intersects with structural violence related to poverty, inequality, and oppression based on aspects of identity such as gender, sexual orientation, race, or nationality. Of the few that did, important findings emerged. For instance, a handful of articles noted the particularities of struggling to parent within IPV for undocumented immigrants or for lesbian or bisexual mothers. Their results revealed how stigma, isolation and the legal risks of involving social services might be heightened when IPV collides with structural violence (Hardesty & Ganong, 2006; Hardesty, Oswald, Khaw, & Fonseca, 2011; Kelly, 2009).

Finally, one of the major methodological issues we identified in the literature on IPV and parenting was that temporal sequence is often unclear. It could be assumed that women's diminished mental health or care-taking practices was due to their violent circumstances. Yet in most studies, these types of causal chains were not specifically examined. Most studies did not elucidate, in most cases, if violence promotes stronger parenting behaviors (for instance, an increased effort towards closeness and communication), or if these behaviors already existed.

There are a few key exceptions to this – these studies were qualitative, and explicitly asked how parenting had changed due to the violent circumstances or were advanced quantitative studies that used mediation or moderation models. These types of methods provided some meaningful details, such as the possibility that the relationship between parents' exposure to violence and their harsh or unsupportive parenting might largely be due to the mediating effects of parental mental health or parenting stress (Cox, 2012; Dehon, 2010; Loucks & Shaffer, 2014). Qualitative studies also tended to capture important nuances related to timing and the complex processes related to the mechanisms through which violence affects parenting and the varied ways that parents respond. For example, one study that used open-ended interviews was able to consider data arising from mothers' reflections throughout the trajectory of living within the IPV, fleeing, and then trying to rebuild their relationships with children after they were free of the violent situation (McInnes, 2004).

Discussion

In analyzing the costs that IPV poses to parenting and the varied ways that parents respond, our analysis highlighted the considerable evidence that women grappling with IPV attempt to compensate for the potential effects of violence on their children. The complexities we highlight in our review related to the experience of parenting within diverse violent contexts demonstrate how theory, research, and practice related to children's well-being must take seriously parents' actual experiences and varied strategies of persistence in these situations.

Our analysis highlights the need to deepen our understandings about how parenting is profoundly influenced by and responsive to violence. For example, much of the work around parenting within violence rests on the theory that parents' experiences permeate into their relationships with their children, an idea that was originally developed to try to explain how

conflicts within the marital relationship influence the parent-child relationship (Engfer, 1988).
There is a strong empirical base for this theory (Chiesa et al., 2018; Erel, 1995; Krishnakumar, 2000). To a large extent, our findings also lend support to the spill-over theory, as we found a great deal of evidence that the violence that parents encounter profoundly shape, and in many ways, greatly inhibits, their parenting. At the same time, our results regarding the multiplicity of coping point to the importance of building more nuanced theories of parenting that account for both the effects of the stress women face within IPV and their varied strategies of resilience.

Our results thus point to the importance of building more nuanced theories and associated research that account for both the effects of the stress parents face within violence and women's varied strategies of resilience. The many studies we analyzed led us to conclude that whether women mobilize it intentionally or not, they exhibit considerable strength and resourcefulness within violent circumstances, and continue to promote attachment and provide support, as well as supervision and monitoring. Women draw on both internal and external resources to see them through, including religious and cultural supports. Our findings highlight how mothers take on the challenging work of strategizing to maintain the safety and well-being of themselves and their children within IPV; this work includes, for instance, navigating the financial and practical constraints around leaving abusive partners, and strategizing for the safety of themselves and their children. As well, our results indicate how much parents must engage in complex decision making around if, when, and how to comply, flee, or fight back, and the ways in which official sources of help (for example, the police) might actually hinder women's help-seeking (Jones & Vetere, 2017; Nixon, Tutty, et al., 2017; Rhodes, 2010) – findings that help us to further our understandings of the kinds of complex thinking required of motherhood (Ruddick, 1995).

Regarding resilience, our work helped uncover the varied sets of protective actions women enact within violent settings. As we drew out, the existing body of scholarship on the topic bolsters the notion that resilience is a dynamic process of creating meaning, trust, and connection within adversity (Henry, 2015; Walsh, 2016). Our systematic gathering and examination of the literature helped make clear that we must continue to refine the concept of resilience as it relates to parenting (Gavidia-Payne, 2015). Our findings specifically point to how theories of parental resilience benefit from incorporating insights from theories that speak to the multiple, tenacious responses that people exhibit within trauma and oppression and the connections between resistance and resilience (Anderson & Danis, 2006). For women to endure violence themselves while also attempting to physically and emotionally shield and nurture their children is a formidable task. In the context of IPV, evidence for women's varied attempts and abilities to protect their children, no matter the outcome, is a glimpse into how resilience is quite complex and best conceptualized as a multivaried and ongoing process.

In drawing attention to the multiple ways women who are mothers respond to IPV, our study highlights the importance of moving beyond the oft-cited parenting theories to which we often turn (Ainsworth & Bell, 1970; Bowlby, 1969; Winnicott, 1992). To more fully understand the lived experiences of mothers within settings of violence, we must continue to build critical theories about motherhood that take into consideration the complex emotional and intellectual attention required for parenting, as well as the social and political contexts within which parents act (Rich, 1976; Roberts, 1993; Ruddick, 1995).

Arising from these implications for theory and research, the evidence collected here about factors that promote positive parenting within IPV strengthens the body of evidence from which to build interventions aimed at effectively interrupting how women's exposure to violence

inhibits their parenting. Our findings regarding the remarkably similar themes across multiple studies surrounding mothering and children's well-being within IPV suggest several implications for practice around mother and child well-being; lessons drawn from our review therefore might help us prepare to meet the pressing need of examining interventions for mothers and children affected by IPV (Anderson & Van Ee, 2018; Austin et al., 2017). Specifically, our review highlights that interventions related to family functioning in the aftermath of IPV must concentrate on promoting the mental health and sense of parenting self-efficacy of mothers, who face violence alongside their children and suffer from its direct effects and its attacks on their mental health and their role as a parent. Indeed, studies of interventions related to parents and children who have experienced violence have shown the positive effects of programs that build the parent-child relationship, a factor which our review demonstrates to be extremely protective for children whose families face IPV (Rosenblum et al., 2017; Ziegler, 2006).

As our findings make abundantly clear, parenting cannot be analyzed apart from the larger forces that affect it. Building well-being within violence thus depends on the implementation of change across not only the level of individual parents and children, or even of the family alone. Rather, results here demonstrate how much parents draw and depend on their social environments, and the violence women encounter and their available options for coping are highly determined by parents' social, economic, and political milieu (Lindhorst, Nurius, & Macy, 2005). Interventions therefore must take into account the social situatedness and the political ecology of families within contexts of violence, helping women survivors of IPV to rebuild ties to and draw on guidance and care from their community and social contexts (National Council on Family Relations [NCFR], 2003).

Despite the potential ways this review might inform theory, research, and practice about parenting and violence, it is not without its limitations. Using only peer-reviewed literature available in English might have restricted our global reach, as evident in the lower volume of international literature we found about interpersonal violence. Although our inclusion criteria allowed for a broad outline of the relationships between IPV and parenting, the sheer volume of papers we reviewed limited us in terms of the depth we could offer here in terms of description or discussion of the findings of particular studies. Furthermore, as described above in our analysis of the methodological issues we identified throughout multiple studies, the descriptive nature of many of the studies limit our abilities to identify causal conclusions. These limitations notwithstanding, we hope that the overview provided here helps forward theories, research, and practice models that address the realities of parents' attempts to foster children's growth within adversity.

While our findings illustrate the multiple ways that parents work to maintain family well-being even in terrible circumstances, the overwhelming psychological costs of violence to parental functioning are also quite evident in this synthesis of evidence. The documentation herein about the many ways that violence threatens effective parenting underscores the importance of primary prevention of IPV. While working on interventions to address the consequences of violence, we must also attend to universal, broad based interventions to prevent intimate partner violence itself (Spivak et al., 2014; World Health Organization (WHO), 2010)

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