'I want him to be a better person than his dad was'

How mothers experience their relationship with their son following Domestic Violence

Louise C. Nankivell

A thesis submitted for the degree of Doctorate of Clinical Psychology

Department of Health and Human Sciences

University of Essex

Acknowledgements

First and foremost I would like to thank the women that have taken part in this research for their incredible bravery in talking about the realities of mothering sons in a context of Domestic Violence and the challenges that they have overcome. Without you this project would not be possible.

I would also like to thank Danny Taggart and Frances Blumenfeld for their ongoing guidance and feedback on many drafts of the thesis write up.

Thank you to the 2012 cohort and Kathryn Rees for your constant support, peer coding and for being the only other people in my world who understand the realities of writing a thesis. You are all amazing!

Thank you also to my family and other friends (Essex University 2004, home girls and Day Unit) not writing a thesis for feigning interest in the process and providing me with some much needed escapism from it.

Finally thank you to my boyfriend James Coleman Jnr, not only for putting up with my many moments of stress, moaning, crying etc., but for supporting me to achieve my dreams.

Abstract

Introduction: Research has considered the impact of Domestic Violence (DV) on both women and children, but little research has considered the role of mothering in a context of DV. The research questions how mothers of young sons experience this mother-son relationship in a context of and following DV.

Method: This study utilised eight semi-structured interviews with women recruited from a Children's Centre and voluntary women's service and were analysed using a Constructivist Grounded Theory methodology.

Results: The analysis suggested that the women constructed violence as being a cycle and their relationship with their son was impacted by this in multiple ways; being preoccupied with the perpetrator, difficulty bonding, impact on maternal mental health, experiencing mothering as a burden and son(s) 'copying' the perpetrator. With the support of services the women have reflected on this cycle and have ended it to enable their son(s) to be 'better than their dad'. Out of the context of DV the women's relationship with their son was able to be stronger and they were able to teach him 'right from wrong'.

Discussion: Although only 8 women were recruited the interviews provided rich material and it was hoped that an in depth analysis was completed. The research findings will have clinical implications about how services support women in their relationship with their son(s) in a context of and following DV.

Table of Contents

Acknowledgements 2

Abstract 3

Table of Contents 4

CHAPTER 1: INTRODUCTION 10

1.1 Chapter Overview 10

1.2 Definition and prevalence of Domestic Violence 10

1.3 Government policy on Domestic Violence 12

1.4 History of Domestic Violence 13

1.5 Models of Domestic Violence 14

1.5.1 Early Psychological models 14

1.5.2 Sociological perspectives 15

1.5.3 The Social construction of DV and feminist perspectives 16

1.5.4 Systemic perspectives 17

1.5.5 Psychodynamic perspectives 18

1.6 The development of the mother-infant relationship 19

1.6.1 Psychodynamic literature 19

1.6.2 Attachment theory 21

1.6.3 Mentalisation and Reflective Functioning 23

1.6.4 The Social construction of motherhood 24

1.7 Trauma theory 25

1.8 Domestic Violence and the mother-child relationship 26

1.8.1 Impact on parenting 26

1.8.2 Maternal representations of infant 29

1.8.3 “Ghosts in the nursery” 30

1.8.4 Impact on children 33

1.8.5 Children’s experiences of Domestic Violence 34

1.8.6 Child to mother violence 35

1.8.7 Mother-child relationship Quantitative research 36

1.8.8 Interventions for children and mothers 36

1.9 Metasynthesis: Mothering through Domestic Violence 38

1.9.1 Metasynthesis 39

1.9.2 Procedure 39

1.9.3 Sample 40

1.9.4 Analysis 42

1.9.5 Themes 42

1.9.6 Summary 50

1.10 Justification for current research study 51

1.11 Research aims and questions 53

CHAPTER 2: METHODOLOGY 54

2.1 Chapter overview 54

2.2 Epistemology 54

2.2.1 Personal reflexivity 54

2.2.2 Social Constructionism 55

2.3 Design 57

2.3.1 Qualitative design 57

2.3.2 Grounded theory 58

2.3.3 Constructivist Grounded theory 59

2.3.4 Summary of the chosen design for the current study 60

2.4 Participants 60

2.4.1 Inclusion/exclusion criteria 60

2.5 Ethical Considerations 61

2.5.1 Stress of Participants 61

2.5.2 Confidentiality 62

2.5.3 Potential disclosures 63

2.5.4 The safety of the researcher 63

2.6 Procedure 64

2.6.1 Recruitment 64

2.6.2 Sampling 66

2.6.3 Interviews 66

2.6.4 Transcriptions 68

2.6.5 Analysis 69

2.6.6 Quality and credibility 73

2.6.7 Dissemination 75

2.7 Chapter Summary 75

CHAPTER 3: RESULTS 76

3.1 Chapter Overview 76

3.2 Participant demographics 76

3.3 Overview of model 77

3.4 Core category: The ‘cycle of violence’ 81

3.4.1 The start of the cycle 82

3.4.2 The impact on the mother-son relationship 86

3.4.3 Conflicts in leaving the abusive relationships 95

3.4.4 Children taken into care 102

3.4.5 Ending the cycle 104

3.5 Reflecting on the impact 111

CHAPTER 4: DISCUSSION 116

4.1 Chapter Overview 116

4.2 Summary of Results 116

4.3 Fitting the results into the existing literature 117

4.3.1 Abuse is an 'inevitable' part of relationships 118

4.3.2 Bonding/preoccupation 119

4.3.3 Maternal 'mental health' 120

4.3.4 Sons 'copying' the perpetrator 121

4.3.5 Reflecting on the son's experience 122

4.4 Methodological appraisal 124

4.4.1 Research contributions 124

4.4.2 Limitations 126

4.5 Recommendations for Clinical Practice 128

4.5.1 Wider discourses 128

4.5.2 Psycho-education 129

4.5.3 Discussing gender and roles 131

4.5.4 Teaching sons 'right from wrong' 131

4.5.5 Developing Reflective functioning in mothers 132

4.5.6 Providing containment 133

4.5.7 Recommendations for social care 134

4.6 Recommendations for Future Research 136

4.7 Reflective Account 137

4.7.1 Impact on the Researcher 137

4.7.2 Potential impact on the Participants 138

4.8 Conclusions 139

References 140

Appendices 153

1. Power and control wheel 153
2. Metasynthesis methodology 154
3. Extract from Reflective journal 155
4. Ethical approval documentation 156
5. Ethical approval following amendments 159
6. Participant Information Sheet 162
7. Participant Consent Form 164
8. Initial Interview Schedule 166
9. Amended Interview Schedule 167
10. Receipt of voucher 168
11. Transcription notation system 170
12. Lincoln and Guba (1985) criteria for qualitative research 171
13. Examples of Initial Coding 172
14. Examples of Focused Coding 174
15. Elliott et al. (1999) criteria for evaluating qualitative research 176
16. Finlay and Evans (2009) criteria for evaluating qualitative research 177

Figures and tables

Table 1. Literature search 40

Table 2. Summary of studies included in the metasynthesis 41

Table 3. Demographic characteristics of participants 77

Figure 1. Diagrammatic model of results 80

Introduction

1.1 Chapter Overview

This research aims to consider how mothers experience their relationship with their son(s) in a context of and following Domestic Violence (DV) through the use of Constructivist Grounded theory. The introductory chapter will explore relevant literature and justify the need for this research study.

The chapter will begin by giving a definition of DV and prevalence rates of DV in the UK. A critical description of models of DV that have been utilised in various disciplines will be provided. The chapter will go on to describe the development of mother-child relationships from psychodynamic and attachment perspectives. Trauma theory, considered relevant to DV, will then be discussed.

The chapter will explore how DV may impact on the quality of the mother-child relationship and describe research considering children's experience of DV, later violence from teenagers to their mothers and the experience of mothering through DV.

Finally the chapter will consider the gap in the research and will outline the research question that this study aims to answer.

1.2 Definition and prevalence of Domestic Violence

This research project will use the definition of DV used by Mullender, Hague, Imam, Kelly, Malos and Regan (2002) who describe DV as the physical, mental, emotional and/or sexual abuse of a woman by her partner or ex-partner. This is not to deny the violence by women or men in same-sex relationships or of women to men, but this is not within the scope of this

research project. Feminist theorists would also argue that DV is a gendered crime (Garcia & McManimon, 2011) and Dobash and Dobash (1979) suggest that repeatedly DV against women has been decriminalised or ignored.

The term DV is used as this is still the most dominant term in the literature, although this term does not emphasise the role of emotional abuse or the coercive behaviour that is sometimes employed. The government definition of DV and abuse (2013) was extended to emphasise the coercive, controlling and threatening behaviour by a partner or ex-partner. Shortening the term Domestic Violence to the acronym DV is not intended to reduce the complexity of this phenomenon and has been utilised purely for expediency.

Between 2013 and 2014 the office for national statistics reported that 1.4 million women suffered DV and 2.2% of women were the victims of sexual assault (Office for National Statistics, 2015). The Department of Health report (2013): 1 in 4 women has experienced at least one incident of DV since the age of 16, approximately 1 million women experience at least 1 incident of DV a year, on average 2 women a week are killed by their partner and that it takes an average of 35 assaults before women go to the police. The cost of DV is reported to be £23 billion, based on the British crime survey (Walby & Allen, 2004). £3.1 billion of this is for the cost of services including the criminal justice system. The total of £23 billion is the total cost to the nation, including the emotional and economic aspects, e.g. loss of work.

DV is experienced by women from a range of backgrounds in terms of education, class, age etc. (Flury, Nyberg & Riecher-Rössler, 2010). However, an association has been found between increased prevalence of physical abuse and social deprivation as measured by low household income, social housing, educational attainment etc. (Khalifeh, Hargreaves, Howard & Birdthistle, 2013). An association was not found between emotional abuse and social deprivation and Khalifeh and colleagues (2013) suggest that this may be a measure of

the severity of abuse experienced in a context of limited socioeconomic resources (while not minimising the impact of emotional abuse).

1.3 Government policy on Domestic Violence

There have been many recent changes in government policy that have put DV on the agenda for local police services. These include the Domestic Violence Disclosure Scheme (Home Office, 2012) known as 'Clare's law' where, following the murder of Clare Wood by her partner in 2009, anyone is able to request information about their partner from the police who can disclose previous episodes of DV recorded. This is known as the 'right to ask'. The police can also make a decision to provide relevant information to a new partner following a risk assessment described as 'right to know'. From March 2014 the police can also provide protection to victims if they are called to a DV incident through the use of Domestic Violence Protection Orders where a perpetrator is banned from returning to the property for 28 days allowing a victim to decide what to do and where to gain support (Home Office, 2013). This is important as previously some women feared pressing charges in case the perpetrator was not prosecuted, placing them in a vulnerable position.

A reader commissioned by the Department of Health summarises research and practice evidence about the impact of DV on children (Hester, Pearson, Harwin & Abrahams, 2007). Hester et al. (2007) suggest that policy and practice has been substantially influenced by the 'Every Child Matters' agenda. This agenda was launched in 2003, partly in response to the murder of Victoria Climbié. This led to the development of the Children's Act 2004 as well the Domestic Violence, Crimes and Victims Act 2004 and the Adoption and Fostering Act 2002 which has led to an increased emphasis on protecting children from the impact of DV, but has also led to the blaming of mothers (Hester et al, 2007).

1.4 History of Domestic Violence

Lentz (1999) and Garcia and McManimon (2011) provide an overview of the history of DV placing it in context in a patriarchal society where men have institutional rule. Lentz (1999) suggests that many of these ideas were inherited through Christian church law which legitimised the rule of husbands given that a woman (Eve) had brought about the fall of men (Adam). Lentz explains how historically women did not have independent legal status and were seen to be physically and intellectually inferior to men, belonging first to their father and then to their husband. This meant that women were not protected by the legal system and were both financially and legally dependant on their husbands. Men were responsible for maintaining order in the home. Any perceived threat to a man's authority was dealt with through 'chastisement' which Lentz describes as a 'polite' term for wife abuse which went largely unchallenged. By the nineteenth century wife beating was no longer seen as a legitimate form of chastisement, however, this did not mean that it no longer occurred and it was more frequent in 'lower classes'. In the early nineteenth century women sought reforms of their rights and highlighted that a lack of legal status was linked to DV. As the century progressed access to divorce became more common and grounds for divorce were widened to include 'verbal and mental cruelty'. However divorce remained stigmatized and was costly; therefore only available to some women a century later. Lentz (1999) suggests that at the end of the twentieth century although men were not likely to claim that chastising their wife was their right, physical abuse was still common and subordination of women is still evident.

1.5 Models of Domestic Violence

Lentz (1999) describes how increasingly DV fell under the remit of social workers and psychiatric caseworkers. This impacted on the conceptualisation of DV, as being due to characteristics inherent to the perpetrator or victim, e.g. different 'types' of violent men, and the interventions that were provided.

1.5.1 Early psychological models

Early psychological models focussed on the psychopathology of the victim or the offender and could be seen as fitting within a medical or pathologising discourse (Garcia & McManimon, 2011). Much research was done onto 'typologies' of violent men, for example identifying the severity or frequency of perpetration and whether violence is directed towards family only or whether the perpetrator is 'generally' violent (Holtzworth-Munroe & Stuart, 1994). However Garcia and McManimon (2011) suggest that these typologies implied some responsibility of the female victim and considered levels of victim provocation.

Psychological focus was then placed on the victims of DV and the women that 'sought' out violent partners (Garcia & McManimon, 2011). Women were characterised as being pathological and were seen as masochistic, weak or sick (Gondolf & Fischer, 1988; Gordon, 1988). They were referred to mental health services again implying that they were the 'problem' and frequently care providers told them they might be to blame. Walker (1984) in what Hester and colleagues (2007) describe as a 'highly contentious' issue suggested that women stay in violent relationships because of 'learned helplessness' from being in the violent relationship; what is often referred to as 'battered women syndrome'. Walker (1984) described a cycle of 3 stages; a 'build up' of tension, which is released by an episode of

violence and followed by a stage of reconciliation and suggested that women learned to manage each stage, although Walker also suggested that women often developed post-traumatic stress disorder (PTSD). Hester et al. (2007) argue that this model suggests that women are 'passive recipients' of the violence, whilst in their experience women were resilient and resourceful despite the difficult situation they were in. They also suggest that Walker's conceptualisation implies this is a 'trait' within the woman and not a response to the situation that the women find themselves in. Lentz (1999) suggests that historical wife blaming has continued but in another form and frequently women are blamed for 'not leaving' (Garcia & McManimon, 2011).

In the 1970s there were shelter movements that began to provide interventions for DV. The Duluth model (Pence & Paymar, 1993) of power and control was developed in collaboration with female victims of DV and was a psychoeducational intervention aimed at increasing knowledge that male violence was used intentionally to control women (see appendix 1). Dutton and Corvo (2007) provide a critique of the Duluth model as failing to use psychological theory, for blaming men through its assumption that all male violence is instrumental and failing to reduce DV. However, this model did highlight the coercive nature of violent relationships and highlighted the role of the perpetrator.

1.5.2 Sociological perspectives

A popular sociological approach in the 1980s/90s suggested that conflict was inevitable in the family context and argued that DV was 'mutual combat' (Garcia & McManimon, 2011). This was centred on the Conflict Tactic Scale (CTS, Straus, 1979) a self-completed questionnaire utilised in national surveys. The CTS was heavily criticised, for example Dobash, Dobash,

Wilson and Daly (1992) and Hester et al. (2007) explained how the CTS focuses on the acts of violence and not the consequences or how this may be used for control, therefore producing what appeared to be a gender neutral effect. Dobash and Dobash (2000) suggest that women were often violent as a form of self-defence after experiencing long-term abuse and this was not conveyed accurately, arguably it was also not conveyed accurately when women themselves instigated violence.

1.5.3 The Social Constructionism of Domestic Violence and feminist perspectives

Feminist theories aim to deconstruct the myths of DV and consider its occurrence in a patriarchal society as discussed in section 1.4. Garcia and McManimon (2011) discuss how for a woman to be seen as a victim of DV the violence needs to be extreme. They also describe how when sexual violence is involved the woman is often seen as lying in order to 'get even'. Finally, victims of DV are guilty until proven innocent; they are required to explain why the violence has happened and why they failed to do anything to stop it (known as victim blaming). Females who are young (but not too young), from racial or ethnic minority groups and are socially disadvantaged are less likely to be considered to be victims (Belknap, 2007; Potter, 2010). The nature of DV means that there is already a relationship between the victim and the perpetrator, making it more likely for society to view these victims as having some responsibility, thus victims have to 'prove their innocence' (Garcia & MacManimon, 2011).

Yllö (2005) suggests that DV cannot be understood without considering gender and power and argues that DV is a part of male control and is therefore not gender neutral. Yllö argues that feminist theory offers an important theoretical alternative to a view of individual disorders or conflict tactics, as DV has traditionally been seen. However, Yllö goes on to

point out some of the short falls of feminist theory, namely racial and class diversity that need to be addressed in future feminist research.

Keeling and Fisher (2012) analysed interviews with women from a feminist perspective, in order to consider how relationships move from being 'loving' to 'violent' in order to understand, in a non-judgemental way, why women stay in violent relationships. The narratives of 15 women illustrated the strategies that men used in the early stages of a relationship in order to later use coercion and violence.

1.5.4 Systemic perspectives

Goldner, Penn, Sheinberg and Walker (1990) suggest that abusive relationships exemplify the power dynamics evident in all heterosexual relationships. They wanted to move beyond a simplistic view of abusive men simply abusing their power and abused women as 'failing to leave' and developed a treatment programme offering family therapy to couples. They were aware of the risks of this and emphasised that, although they believe that abusive relationships are complex, they do not condone male violence to women. However they also recognise patterns in the couple's relationships that contribute to the cycle of violence. Goldner and colleagues begin with gender identity development, describing how men and women are socialised to their roles, with women developing to be like their mother but men developing to be 'different' from their mother. They argue that if a male role model was not present then a man's identity rests on being 'different to' their female partner. If they feel that they are becoming more 'like' her, for example feeling vulnerable, they may demonstrate their 'maleness' by acting differently to this.

Women and men are seeking what the other has and they suggest that couples who have rigidly held beliefs of what a man or woman 'is' often have difficulties in their relationship, with the man needing to work more on their dependency and the woman on her agency. They suggest that men use violence in an instrumental way, to demonstrate their social control, but also in an expressive or impulsive way, which may be experienced as 'losing control'. Goldner et al. (1990) recognise the context of a patriarchal society where men may use violence to reemphasise their power over a women and suggest that many of the couples they observed grew up with fathers and mothers that also rigidly held these gender beliefs, demonstrating the use of 'scripts' about how men and women should behave.

L'Abate (2009) aimed to 'resurrect' Karpman's (1968) 'Drama triangle' composed of victim, persecutor and rescuer, highlighting its presence in DV relationships. L'Abate explains how a partner can initially be seen as a rescuer from parental difficulties, but then become a perpetrator potentially leading to a cycle of abuse. L'Abate (2009) suggests that these roles are reactive and all people can be a victim, perpetrator or rescuer in different situations, but that in DV contexts the rescuer can be hard to identify.

1.5.5 Psychodynamic perspectives

Freud (1914a; 1920) first proposed the concept of repetition compulsion suggesting that trauma experiences are repeated in an attempt for the individual to 'achieve mastery'. However, both Levy (2000) and Bowins (2010) note that mastery over the trauma is rarely achieved. Bowins suggests that traumatic experiences are met with a dissociative defence, that keeps the cognitive memory and associated emotion separated, and as a result are repeated behaviourally on an unconscious level.

This can mean that a child who experiences abuse may unconsciously enter into future abusive relationships or 'identify with the aggressor' and become abusive to others in an attempt to avoid the feelings of helplessness they experienced. Lundberg (1990) highlights that male perpetrators of DV are likely to have experienced abuse from their mother or father or witnessed the abuse of a loved one. Lundberg discusses the idea of transference and how past experiences can be experienced 'as if' they are occurring in the present. For example, a man who has experienced neglect as a child can misinterpret a situation where his wife forgets to make the dinner on time as being neglectful or abusive.

Cudmore (2009) proposes that having a baby means that the couple's relationship is required to adapt to include a 'third' bringing up early feelings about 'exclusion' that arise when a child discovers that their parents have a relationship that does not include them. Cudmore suggests that DV can occur when the male partner feels excluded from the mother-infant relationship and can explain why rates of DV increase during pregnancy.

1.6 The development of the mother-infant relationship

This section describes the 'ordinary' development of the mother-infant relationship in order to then consider how DV may or may not relate to this developing relationship.

1.6.1 Psychodynamic literature

Winnicott (1956; 1960) suggests that a baby only exists in relation to their mother or 'in the mind of the mother' and describes the 'primary maternal preoccupation' which enables the mother to be 'stirred up' emotionally by the baby in order to understand its needs. This

process begins during pregnancy as the mother begins to pay attention to the changes in her body and some of this attention is shifted to the developing foetus (Winnicott, 1960). Piontelli (1992) observed parents having ultrasound scans and the personalities that were already 'attributed' to the infant before the child is even born, for example 'look how badly he treats the cord' or 'he is a calm type'. These attributions are formed by what is observed but are also inseparable from the mother's fantasies, fears, social circumstances etc. (Piontelli, 1992; Waddell, 2002). Waddell (2002) also describes how the type of birth experienced can lead to strong feelings about the child, for example a very traumatic birth can lead the infant to be experienced as 'monster like'.

Bion (1962a; 1962b) developed the notion of the parent acting as a 'container' for the infant's feelings, who is not yet developed enough to process their own powerful feelings. Bion suggests that a baby cannot distinguish between their own bodily experiences and so 'projects' these feelings into his mother (or caregiver). In a 'good enough' parent-infant relationship the mother is able to contain these feelings, process or make sense of them, and then feed them back to their infant (Winnicott, 1964; 1971). Waddell (2002) suggests that most mothers have an unconscious attunement to their infant, for example if an infant is crying they may say "Oh what's the matter; are you hungry?" while beginning to feed the infant, although mothers do not get this 'right' all of the time. This paying attention to the baby and reflecting what is going on allows the child to experience being 'held in mind' by another and allows the infant to recognise their own feelings. Through a mother repeatedly responding to their infant in a more or less consistent way, the infant is able to build a picture of their mother as being available and themselves as cared for, they begin to 'internalise' their mother's responses and are able to tolerate longer periods of independence from their mother.

If a mother is not able to provide this 'containing' function to her infant; the infant may increasingly see their powerful emotions as 'unmanageable'. They may 'up the ante' in a bid to get their inattentive parent to pay attention to their feelings or may withdraw into themselves. If a mother has not had her own feelings contained by a parental figure in her own childhood, they may find the infant's projections intolerable and she may project her own fear or anger, as well as the infant's unprocessed feelings, back at the infant. An infant may respond to this by developing what Bick (1968) describes as a 'second skin' by being prematurely self-sufficient or engaging in excessive motor activity. A mother may also act as though she 'knows' what is going on for the infant without really attuning to the infant's experience; this lack of 'authenticity' can lead to the development of a 'false self' a construct described by Winnicott (1971).

These psychoanalytic ideas can be used to think about the attachment 'types' described below and can become entrenched patterns of behaving (Miller, 2008). However, notions of what is a 'good enough' mother (Winnicott, 1964; 1971) are problematic and can lead to mother blaming (see section 1.6.4).

1.6.2 Attachment theory

Attachment theory is a vast area of psychological and associated disciplinary literature. Bowlby (1969; 1973; 1980) first developed attachment theory utilising ethological and psychodynamic theories to explain an infant's relationship with their primary caregiver. He suggested that infants use proximity seeking behaviour to develop an attachment relationship and that this serves a biologically adaptive function for human beings. Infants develop an internal working model or mental representation of this relationship, and this model of what it is to be in a relationship is transferred onto future relationships. Ainsworth worked closely

with Bowlby and developed the 'Strange Situation' in a now famous experiment that identified three categories of attachment; 'secure', 'insecure ambivalent' and 'insecure avoidant' (Ainsworth, Blehar, Waters & Wall, 1978). A fourth category of 'disorganised' attachment was added by Main (Main & Solomon, 1990).

Attachment theory has been criticised for placing a lot of responsibility on the mother and can be quite 'pathologising' and deterministic (Contratto, 2002; Birns, 1999). However, this is not to say that these constructs are not clinically helpful and empirically demonstrable and are indeed constructs that the researcher finds useful in thinking about the mother-infant relationship. Crittenden (Crittenden & Landini, 2011) in a development of attachment theory and recent cognitive neuropsychology (Gerhardt, 2004; Music, 2011) sought to highlight the 'adaptive' nature of attachment strategies. She proposes that they are developed in response to threats to safety in an attachment relationship or in an attempt to gain comfort; that only become problematic as a child matures and is no longer in a threatening situation. For example, those with an 'avoidant' strategy tend to over rely on cognition and those with a 'preoccupied' style use an emotional strategy. Crittenden (Crittenden & Landini, 2011) also discusses that attachment styles are not fixed and that individuals are able 'earn' a different form of attachment strategy. She proposes that individuals that have 'earned' a more secure attachment type have developed the ability to use reflection and metacognition (thinking about thinking) successfully.

The adult attachment interview (AAI) was later constructed to categorise adults in a similar way and research has suggested that these attachment 'types' are stable throughout life (George, Kaplan & Main, 1985).

DV can impede on the development of a 'secure attachment' in many ways. Research (see section 1.8.2) suggests that DV is related to mothers developing a distorted or disengaged

relationship to their unborn child and DV could potentially lead the mother to be less emotionally attuned to her infant in order to focus on their survival (see section 1.9.5). Secure attachments develop through a child feeling safe through repeated experiences of having their emotions regulated; however DV can interfere with a mother being able to fulfil this function. For example, if she is focusing on her partner and whether he may or may not be violent at any moment she may respond in a less predictable way (see section 1.9.5). Although this research does not claim to identify attachment 'types' this literature will be considered when coding interviews to consider how the women are talking about their relationship to their ex-partner and children.

1.6.3 Mentalisation and Reflective Functioning

Mentalisation is a more recent development of attachment theory and is described by Fonagy and Target (1997; 1998) as the ability to understand the intentions, beliefs, and goals of others. Jurist and Meehan (2009) propose that the use of mentalisation can explain how the mother-child relationship develops into a secure attachment. Mentalising has both a self and other component and leads to the regulation of emotions (Fonagy, Gergely, Jurist & Target, 2002; Fonagy & Target, 1997). Mentalisation highlights the importance of a mother recognising her child as a psychological agent (separate from her) with intentions that guide their behaviour (Sharp & Fonagy, 2008).

Again this research does not claim to measure the level of reflective functioning demonstrated by the mothers but can consider how they talk about their child's behaviour and whether they can think about this at the child's developmental level. Trauma can also reduce the capacity to think reflectively (see section 1.7) and we can utilise this literature to think

about whether the women are speaking 'as if' they are still in the traumatic situation or if they have been able to reflect on their experiences.

McIntosh (2002) proposes that DV is typically associated with a lack of capacity to reflect on the child's needs, or "unthinking", both by the parents and services involved and that this can impact the child's development as much as witnessing DV. We can also think about how the mothers are able to help their children to make sense of what they have witnessed and thus to develop their own reflective capacities.

1.6.4 The social construction of motherhood

The feminist perspective of DV fits within a broader construction of motherhood in a patriarchal society. Ussher (1989; 1997; 2002; 2006) has written extensively about the social construction of women and their roles as mothers.

In Western society a construct of 'intensive mothering' is considered to be best, where mothers are self-sacrificing and intensely focussed on their child (Hays, 1996; Douglas & Michaels, 2004). Mullender et al. (2002) discuss Winnicott's (1964) notion of being a 'good enough' parent and how feminist analyses of motherhood suggest that being a 'good' mother is impossible; the way that motherhood is socially constructed means that women are doomed to fail (Nicolson, 1993; Rich, 1985; Richardson, 1993).

Mullender et al. (2002) suggest that this is particularly true in the context of DV where mothers are not in a position to give the care that they may wish to give. This is important to consider in research looking at the role of motherhood within a context of DV and is why this research focuses on the mother's own experience.

Most research on DV has considered the impact on mothering and has been at risk of 'blaming' mothers for the impact of DV (Davies & Krane, 2006; LaPierre, 2008). Humphreys, Thiara and Skamballis (2011) suggest that a focus on a 'failure to protect' mother not only fails to recognise the accountability of the perpetrator, but also minimises the impact of DV on the mother-child relationship.

1.7 Trauma theory

Perry (2006) suggests that the majority of people now recognise that trauma can have a lasting impact, particularly on children. Trauma experienced early in a child's development can cause a heightened sensitivity to stress, and the 'fight-flight-freeze-flop' response that has been crucial in human survival can be triggered more easily than in 'untraumatised' individuals (Perry, 2006). When an individual is in a threatening situation this response is governed by the limbic system, particularly the amygdala, and the rational, planning part of the brain (the frontal lobe) has reduced capacity.

CBT interventions focus on 'reliving' the traumatic experience in a safe environment in order for the traumatic events to be 'placed into context' and encouraging individuals not to avoid situations that trigger the trauma memories (Ehlers & Clark, 2000).

Psychodynamic theorists consider the role of defence mechanisms and how 'repression' or 'splitting off' of difficult memories can serve as a protective function for the individual (Lemma, 2003). Traumatic experiences can cause a breakdown of the defensive processes that enable us to function on a daily basis and cause the individual to feel helpless. Traumatic events in childhood are even more damaging because children are more likely to experience helplessness (Freud, 1959). Emanuel and Bradley (2008) highlight the importance of an

infant's feelings being contained by a reflective other as, due to their developmental level, they are less able to do this for themselves. Research suggests that mothers are often unable to respond to their children during incidents of DV and provide this containment and also feel unable to discuss these events with children (see section 1.9.5). Therefore children may be 'left alone' to try and regulate their stressed bodies and make sense of their experiences with a brain that is ill equipped to do so (Emanuel & Brady, 2008; Perry, 2006).

Research suggests that trauma can lead to a reduction in reflective functioning and the AAI also addresses the impact of trauma on the development of memories. For example, episodic memories are typically impaired, distorted or missing in interviews with individuals with insecure attachments (George et al, 1985). Reflecting on a traumatic incident can enable an individual to process or 'make sense of it'.

These theories can offer complementary understandings of how trauma memories are stored and highlight how a heightened trauma response can be processed and overcome through reflection and containment. Section 1.5.5 also highlights that without processing traumatic memories the individual can unconsciously repeat traumatic experiences.

1.8 Domestic Violence and the mother-child relationship

1.8.1 Impact on parenting

So far the majority of research considering mothering in a context of DV has focused on a mother's ability to parent effectively in a context of violence. This focus on 'parenting' has been questioned by feminist researchers for its blaming of mothers. Hester and colleagues

(2007) suggest that for mothers in a DV relationship, protecting their children is very important although their actions can appear 'contradictory' and are not always perceived by services as being protective. They give an example of a mother in an attempt to keep her young son quiet, and thus minimize the chance of violence, gave her son a sleeping tablet; as a result her child was taken into care and the partner was not prosecuted. They suggest that women may also be reluctant to tell services that DV is occurring for fear of their children being taken into care, however this paradoxically can lead to them appearing 'less able' to parent effectively.

There has been mixed evidence on the impact of DV on a mother's ability to parent. For example, there is some evidence suggesting that abused women are more likely to abuse their children, show less warmth and provide less parental support (Levendosky & Graham-Bermann, 2000; Levendosky & Graham-Berman, 2001; McCloskey, Figueredo & Koss, 1995). McCloskey et al. (1995) and Levendosky and Graham-Bermann (2001) both used maternal self-report measures about parenting style, maternal mental health and children's behaviour. Levendosky and Graham-Bermann's (2000) findings are based on an observed 10 minute interaction in an artificial setting which arguably does not allow the mothers and children to relate in an ordinary way with each other. Holden and Ritchie (1991) suggest that women in DV relationships may be less consistent in their parenting and may find parenting more stressful than women who are not in a violent relationship (as reported by women themselves) and this may be more so because of the children being more 'difficult' than others (McGee, 2000; LaPierre, 2010a).

These self-reported studies try to consider the women's and children's own views but do not do so in a nuanced way, for example asking 'in what specific situations is parenting more stressful?' and 'what do you do to cope when things are stressful?' Considering that

mothering is often targeted by men in their abuse, for example criticising their mothering (see section 1.9.5), we could also wonder about women's confidence in parenting and thus they may rate this negatively on a self-report measure.

Holden, Stein, Ritchie, Harris and Jouriles (1998) suggest that abused women were more likely to show aggressive behaviour towards their children, which they linked to maternal stress, however they did not show any differences in terms of maternal warmth and providing structure etc. (as compared to a control group). They hypothesised that women would show more aggressive behaviour towards their children (particularly sons) as a result of increased stress and that abused mothers would show less warmth and less consistency. They used verbal reports from mothers to assess maternal behaviour and additionally observed the mother-child pairs for a 10 minute interaction and coded this according to the number of conflicts and amount of time engaged in joint play etc. They found that mothers experienced more conflicts in the observed interaction than the control group. This study used fairly small sample sizes (approximately 30 in each group) and relied primarily on maternal self-report measures as with the studies above, therefore excluding any nuanced and contextual understanding of the mother's aggression towards her children.

When abused women are asked themselves if they believe that DV has impacted their ability to parent they suggest it has, in that they had less time to spend on their children because of the level of anxiety that the DV caused (Hester, Pearson & Harwin, 2000).

Schechter and colleagues (2008) utilised 20 minute observations of mothers and their infants and many self-report measures, including the Working Model of the Child Interview (WMCI) (discussed in section 1.8.2). They found that mothers with non-balanced representations of their infant, for example with unrealistic expectations of their infant were more likely to show hostile or intrusive or withdrawn behaviour when reunited with their infants following

separation. Schechter et al. (2008) propose that maternal representations may act as a mediator between DV and maternal behaviour with non-balanced representations relating to negative maternal behaviour. Although this study relied on measures that can be critiqued in various ways they did also relate the findings to their clinical work with families experiencing DV and highlighted how trauma can mean that mothers understandably try to regulate their own stress responses in stressful situations, for example by withdrawing from the child. This does not necessarily mean that mothers who have experienced DV are any less able to parent in ordinary interactions.

Hester and colleagues (2007) suggest that DV may directly impact on a mother's ability to parent, but recommend that social services should recognise that with the right support and most importantly protection from harm, women are able to mother effectively. They highlighted some of the complexities when considering mother's aggression to their children, for example, mothers may punish the children to protect them from harsher treatment from their father.

1.8.2 Maternal representations of infant

Given the proposed importance of the attachment relationship between a primary caregiver (typically a mother) and her infant it is useful to consider the impact of DV on this developing relationship (Bowlby, 1969; 1973; 1980).

During pregnancy a woman begins to develop a representation of her infant and of herself a parent, enabling her to prepare for motherhood (Slade, 2005). The WMCI is a semi-structured interview developed to assess this representation and has three categories, distorted, disengaged and balanced (Zeanah, Zeanah & Stewart, 1990; Zeanah, Benoit, Barton &

Hirshberg, 1996). Research has shown that DV has an impact both on an infant's developing attachment to mother and also on a mother's development of a balanced representation of or bond with her infant. Mothers who have experienced DV are more likely to have a distorted or disengaged representation of their infant, as they are likely to engage in defensive processes, and infants are more likely to have an insecure attachment (see section 1.8.3; Huth-Bocks, Levendosky, Theran & Bogat, 2004; Schechter et al, 2005; Schechter et al, 2008). This effect is also apparent if DV occurs during pregnancy, a time with a heightened risk of DV (Huth-Bocks et al, 2004). Schechter et al. (2005; 2008) believe that a mother's representation of her child is related to individual differences of the impact of DV on a child's development.

The following section describes theoretical papers written by clinicians based on their experience working with mothers and children in a context of DV and the dynamic processes that they believe are being enacted in this developing mother-child relationship.

1.8.3 "Ghosts in the nursery"

Projection describes a process where an individual 'projects' an unwanted feeling into another and in projective identification this feeling is then 'taken up' or identified with (and unwittingly acted out) by the person that is projected into (Lemma, 2003).

Fraiberg, Adelson and Shapiro's (1975) seminal paper "Ghosts in the nursery" describes how a mother's early experiences are brought into her relationship with her own children, potentially leading to an intergenerational cycle of abuse. For example, a child may act in a way that provokes an unconscious or visceral response from their mother who is reminded of

previous trauma (Jacobvitz, Leon & Hazen, 2006). Fraiberg (1980) postulates that it is not the occurrence of traumatic childhood events that cause 'havoc' in the parental-child relationship but the repression of the 'affect' about these events. It is this desire to keep the feelings of pain and helplessness at bay that can lead the parent to unconsciously 'identify with the aggressor'; re-enacting punitive parenting measures and failing to recognise the child's developmental needs.

Lieberman, Padrón, Van Horn and Harris (2005a) suggest that some parents are able to recognise their own painful feelings but may then project their unacceptable feelings of hatred onto the infant who is then experienced as 'tormenting or monster like' (Fraiberg et al, 1975). They suggest that, particularly in stressful interactions, the infant is not recognised as a separate person but 'as if' they are an abuser from the parent's memory.

Researchers suggest that mothers with unresolved trauma can act in ways that are both frightening and appear frightened of the infant both of which are difficult for an infant to make sense of (Lyons-Ruth, Bronfman & Parsons, 1999; Main & Hesse, 1990; Lyons-Ruth & Spielman, 2004). The mother's projections are internalised by the child who begins to have sense of themselves of 'unworthy' or 'monster like' (Fraiberg et al, 1975; Lieberman et al, 2005a). In addition theorists suggest that mothers may engage in role confusion, expecting a child to meet their own needs rather than meeting the needs of the child (Lyons-Ruth, Bronfman & Atwood, 1999; Macfie, Mcelwain, Houts & Cox, 2005).

Fraiberg et al. (1975) highlight the importance of parents gaining 'insight' into their 'ghosts' in order for them to empathise with their infant and this has been the focus of therapeutic interventions. Lieberman et al. (2005a) suggest that it is also important for parents to uncover

'angels in the nursery', bringing into focus benevolent care-giving experiences, so that the parent may be able to identify with a more positive model for caregiving. They found in their clinical work that mothers who were able to alleviate their child's distress were able to access their earlier affects about traumatic incidents and also recall memories of being cared for. Malone, Levendosky, Dayton and Bogat (2010) suggest that for women with a more 'defended' view of their infant clinical work should focus on the women experiencing more emotion. Women with a 'distorted' view may benefit from the therapist providing containment and meeting her needs so that she may be able to internalise this experience and thus provide the same care for her child.

Although the 'ghosts in the nursery' literature is primarily related to childhood trauma, research suggests that there is a link between childhood maltreatment and later trauma (Tjaden & Thoennes, 2000; Whitfield, Anda, Dube & Felitti, 2003) and these ideas have been applied to mother-infant dyads in a context of DV. For example, in Lieberman and colleague's (2005a) clinical work all of the mothers had experienced trauma in adulthood and only half in childhood.

Levendosky, Huth-Bocks and Bogat (2011) suggest that DV is an assault on the caregiving system as it triggers fear and helplessness in the mother. This means that children's ordinary distress responses (e.g. to separation) can also be a traumatic reminder of DV that increases levels of stress in the mother and therefore triggers avoidance behaviours (Lieberman et al, 2005a; Schechter, 2003; Schechter et al, 2006; Levendosky et al, 2011). As with childhood trauma the child's distress may be responded to with 'projective identification' or 'projection' where the child is subsequently perceived as the helpless one or perceived as the abuser (Levendosky et al, 2011; Schechter et al, 2005; Kearney & Cushing, 2012). Emanuel and

Brady (2008) suggest “It can difficult for a mother to hold on to the idea that her child is a dependent little boy if he reminds her of his abusive father”.

It is not expected that all the women in this current research project will have a history of childhood trauma, however as discussed in section (1.5.4) the idea of repetition compulsion may make it likely that women experiencing DV in adulthood will have experienced trauma in childhood. However, the processes of projection and projective identification are still expected to be salient and it will be helpful to consider if the women are talking ‘as if’ their son(s) are an abuser and remind them of the perpetrator.

The next sections will briefly consider the impact on children and children’s experience of DV, although the focus of this research is on the mother’s interpretations of the impact and the experience of witnessing DV for their son(s).

1.8.4 Impact on children

Research consistently shows that DV has an impact on children, for example in a review of the literature; Holt, Buckley and Whelan (2008) found that children and adolescents living with DV are at an increased risk of experiencing emotional, physical and sexual abuse and of developing emotional and behavioural problems. However, they suggested that a secure attachment relationship can mediate these effects. The length and severity of exposure has an impact on the severity of children’s reactions according to research carried out by Radford and Hester (2006). The latter discuss other factors that can lead to a child’s resilience in the context of DV, for example gaining support from others or being able to achieve self-esteem elsewhere.

Research from Neuropsychology suggests that exposure to violence; particularly in younger children, can have an impact on neural development leading to a heightened sensitivity to trauma and can lead to aggressive and impulsive behaviour (Radford & Hester, 2006: Perry, 2006). Hester et al. (2007) suggest that earlier research indicated that girls and boys may respond in gender 'typical' ways with boys demonstrating more 'acting out' behaviour, however later research (McGee, 2000; Mullender et al, 2002) suggests that both boys and girls respond in this way, particularly when the DV is severe and therefore the gender does not impact on children's responses in any straightforward way.

1.8.5 Children's experiences of Domestic Violence

Less research has considered children's experiences of DV, but the topic is beginning to be explored, for example Mullender et al. (2002) and McGee (2000). Radford and Hester (2006) suggest that mothers often minimise what the children have witnessed, although they found that even very young children (aged 2 or 3) could recall incidents of violence. Children typically 'keep silent' about what they have witnessed until they are given permission to talk about it and are concerned about causing further upset to their mother (Radford & Hester, 2006). However, researchers have found that the children were quite willing to talk about their experiences (DeBoard-Lucas & Grych, 2011). They describe feelings of sadness, trying to cope and make sense of their experiences, and keeping things to themselves (Eriksen & Henderson, 1992; DeBoard-Lucas & Grych, 2011; Georgsson, Almqvist & Broberg, 2011; Swanston, Bowyer & Vetere, 2013).

Hester and Radford (1996) describe, in their paper on child contact following separation, that children often had to act as 'mediators' and 'protectors 'of their mothers in ongoing contact

visits with their father. They were also at risk of further abuse from their fathers and Hester and Radford found that both English and Danish professionals often misinterpreted the 1989 Children's Act; presuming that contact with fathers would be beneficial to children rather than seeking their views.

1.8.6 Child-mother violence

Edenborough, Jackson, Mannix and Wilkes (2008) and Jackson (2003) have highlighted a gap in research on family violence considering child to mother violence, particularly women's experiences of this. They suggest that as with DV this is a gendered issue that is more frequently directed towards mothers and is partly under researched because families try to keep this hidden. Both papers interviewed women of teenage children and the behaviour was considered worst at 15-18 years of age (Edenborough et al, 2008). Stewart, Burns and Leonard (2007) suggest that both sons and daughters perpetrate violence towards their mothers, however Ulman and Straus (2003) suggest that sons are more likely to commit acts of extreme violence (particularly towards mothers). Cornell and Gelles (1982) also suggest that sons are more likely to physically abuse their mothers when their mothers are victims of DV by their partner; however the focus in this body of research is not on DV. Pagani et al. (2004) suggest that the best predictor of child to mother violence in adolescence is aggression demonstrated in earlier childhood.

Clinically we know that mothers who have experienced DV may also experience physical aggression from their sons in particular (see section 1.9) and this is something that will be asked about in the interviews. Although the research is focusing on younger sons it will be useful to consider how any aggression is interpreted by mothers. For example, are they

considered to be deliberately aggressive acts or as a result of the child being developmentally unable to control feelings of anger or frustration?

1.8.7 Mother-child relationship quantitative research

Research that has begun to think about the mother-child relationship in a context of DV has typically sought to quantify the quality of these relationships. For example, Jarvis, Gordon, & Raymond (2005) measured the child and mother relationship in their research in DV shelters and found that mothers and children reported high quality relationships, although maternal depression was associated with the quality of mother-child relationship where increased levels of maternal depression were associated with lower quality relationships. Reid-Cunningham (2009) looked at the relationship between the quality of the parent-child relationship and a mother's sexual assault history and suggested that there was no relationship between sexual abuse in a mother's childhood and the quality of the relationship with her child. There was an association when a mother experienced sexual assault or rape in adulthood (in the context of DV) with these mothers having a less satisfactory relationship with their child. This body of research relies on self-reports and measures and arguably does not capture the nuanced experiences of both mothers and children in their relationships with each other.

1.8.8 Interventions for children and mothers

Humphreys, Mullender, Thiara and Skamballis (2006) highlight that many interventions for DV work separately with mothers and their children. They propose that because a 'conspiracy of silence' surrounds DV interventions need to focus on the mother-child relationship.

Humphreys et al. (2006) developed activity packs for mothers and children to begin to talk about their experiences together. They acknowledge that this work requires mothers to recognise that their children have witnessed and been impacted by the DV.

Other interventions have focussed on developing a mother's reflective functioning in order to increase sensitivity to their children and support developmentally appropriate expectations (Schechter et al, 2006; Bunston, 2008; Kearney & Cushing, 2012; Holigrocki, Crain, Bohr, Young & Bensman, 2009). For example, Schechter et al. (2006) used video feedback interventions with mothers with PTSD (as a result of experiencing abuse in childhood or DV in adulthood) and their infants (0-5) who were considered to have behavioural difficulties. The intervention involved video recording sessions, including moments of separation, and watching this back with a reflective clinician who would draw attention to what might be going on for the mother and child. Schechter et al. (2006) found that the intervention appeared to reduce negative attributions that the mothers had of their children and mothers were better able to recognise fear in their child as opposed to misreading this as anger.

Child-parent psychotherapy (CPP) has also been developed (originally out of psychoanalysis and attachment theory) as an approach to working with traumatized parents and children (Lieberman et al, 2005a; Lieberman, Van Horn & Ippen, 2005b; Lieberman, 2007; Lieberman & Van Horn, 2009). CPP focuses on building trust between parent and infant, paying attention to both parent's and infant's states of mind and enabling the parent to help their infant develop emotional regulation.

1.9 Mothering through Domestic Violence: Qualitative metasynthesis

There is little qualitative research considering women's experiences of mothering in a context of DV and specifically how these women experience their relationships with their children (LaPierre, 2010a; 2010b). Radford and Hester (2001) suggest that "despite almost thirty years of research into and activism against violence against women, little has been written about mothering in the context of abuse, whether from the viewpoint of women's experiences, of children's experiences, or on the basis of review of social policy and academic discourses".

Research is now considering how DV perpetrators undermine the mother child-relationship (Mullender et al, 2002; Humphreys et al, 2006; Hester & Radford 1996; see section 1.9.5), through encouraging children to abuse their mothers or verbally abusing their mother in front of the children, saying that she is useless, as well as financially controlling the household and who the mother sees. In addition, Levendosky and Graham-Bermann (2000) suggest that children often copy the abusers' behaviour based on their observations of 95 mother-child dyads (see also section 1.8.3).

Hester et al. (2007) suggest that these strategies can lead a mother to feel ambivalent towards her child. Radford and Hester (2006) suggest that women whose sons were the result of rape by their violent partner could not "bear their son as they were like him". These findings emerged as part of research looking into contact between mothers and their children, but did not specifically focus on the relationship between mothers and children (Dominy & Radford, 1996).

Much of the literature discussed above has been carried out by a small group of researchers and is discussed in books, therefore a metasynthesis was carried out on qualitative empirical research focussing on mothering through DV, see below.

1.9.1 Metasynthesis

Metasynthesis aims to combine and analyse qualitative research with the intention of generating new knowledge beyond what the original papers can provide individually (Thorne, Jensen, Kearney, Noblit & Sandelowski, 2004). It differs from a critical literature review as it supposes that combining the qualitative studies compensates for any weaknesses in the individual methodologies and therefore does not aim to critically appraise the papers that are selected. Walsh and Downe (2005) suggest that metasynthesis is interpretive in its nature rather than combining, like quantitative meta-analysis, however argue that it still an important technique for qualitative researchers. There are different methods of metasynthesis and Noblit and Hare's (1988) meta-ethnography was selected as it appeared to be the most thorough methodology.

1.9.2 Procedure

A literature search was carried out to find qualitative research that focuses on mothers' experience of her relationships with her children following DV or mothering through DV. The search terms of 'Domestic violence' OR 'Domestic abuse' OR 'interpersonal violence' were entered in addition to 'mother*' AND 'qualitative*' OR 'interview*' OR 'experience*' in the following CINAHL, MEDLINE, psycARTICLE and psycINFO. Only the abstracts of articles were searched as a search of full text yielded many irrelevant articles. The table below demonstrates the number of articles that this search generated.

Table 1: Literature search

Search term **Searched on**	**CINAHL, PsychARTICLE and MEDLINE** **04.10.2014**	**PsycINFO** **04.10.2014**
1. Domestic Violence OR domestic abuse OR interpersonal violence	7,401	10,097
2. Qualitative* OR interview* OR experience*	316, 517	618,389
3. Mother*	168,843	90,665
4. 1 AND 2 AND 3	71	325

The abstracts of these articles were checked to assess relevance; if an article appeared to be relevant the full text was accessed and read. The reference lists of relevant articles were also searched, as well as the titles of articles from the following journals from 2005 to 2014 'child and family social work', 'journal of interpersonal violence' and 'violence against women'. Qualitative articles that focussed on women's experiences of mothering in a context of DV or that focused on the mother-child relationship were included. Theoretical papers and those that focused primarily on services were not included.

1.9.3 Sample

The 11 papers included were published between 1999 and 2014, were from four different countries, with the majority from the USA. The papers varied on whether women were currently still in an abusive relationship to Goldblatt, Buchbinder and Cohen (2014) who required that women had been divorced for at least five years. Most used semi-structured interviews or focus groups or a combination of these methodologies and analysed their data with content or thematic analysis. All of the articles described an inductive approach

beginning with the data and developing codes or themes. Sample sizes ranged from three to forty three (for focus groups) and three to twenty six (for individual interviews).

Table 2: Summary of studies included in the metasynthesis

Study	Sample	Children's ages	Country	Method	Past or current violence?
Peled & Gil (2011)	15 women interviewed, 10 analysed Recruited from DV services	2 to 21	Israel	Semi-structured interviews Content analysis	6 violence had ceased and 4 ongoing violence
La Pierre (2010a, 2010b)	26 in total (5 group interviews, 20 individual) Recruited from support groups and 1 refuge	1 to 44	Midlands, UK	Participative methodology Content analysis	No longer in abusive relationship at time of interviews
DeVoe & Smith (2002)	43 women in 5 focus groups Recruited from social and legal services agency for DV	2 to 6	New York City, USA	Focus groups Coding adapted from Krueger (1994,1998) Thematic?	Many continued to have contact (some no contact) from 0-9 times a month
Stephens (1999)	26 women Recruited from shelter and newspaper ad	1 to 25	USA	Semi-structured interviews, method not named, thematic?	Not sure
Swanston, Bowyer & Vetere (2013)	3 mothers of children also interviewed DV charity in community	8-13	Surrey, UK	Semi-structured interviews IPA	No contact
Kearney (2010)	12 mothers from a larger research study Recruited from child guidance clinic	5 to 10	New York City, USA	Reaction to diagnosis interview Content analysis	All had ended relationship at time of interview (1-4 years previously)
Buchanan,	16 women	1-10,	Adelaide,	Semi-	Left

Power & Verity (2013)	Advertised in local media	focus on first year	Australia	structured interviews and 2 focus groups Thematic Analysis	relationship at least one year previously
Goldblatt, Buchbinder & Cohen (2014)	12 women Recruited from DV intervention centre	Not known	Northern Israel	Semi-structured interviews Thematic content analysis	Divorced for at least 5 years
Semaan, Jasinski & Bubriski-McKenzie (2013)	19 women Recruited through fliers in the community	Not known	Massachusetts, USA	Semi-structured interviews Narrative analysis	No longer in relationship
Haight, Shim, Linn & Swinford (2007)	17 women Recruited through child protection services	1-6	Midwestern city, USA	Semi-structured interviews Not named, content analysis?	13 no longer with abusive partner

1.9.4 Analysis

Methodology outlined by Noblit and Hare (1988) were followed (see appendix 2). There were six themes that were identified as described below.

1.9.5 Themes

i) Trying to be a 'good' mother

Many of the articles emphasised that women in a context of DV strived to be 'good' mothers (LaPierre, 2010a, 2010b; Semaan et al, 2013; Peled & Gil, 2011). The women's descriptions of what constituted a good mother fit with the practice of 'intensive mothering' that is revered in Western Society. As Semaan et al. (2013) describe many of the mothers in their sample "performed most or all of the childcare, they cared deeply for their children, and

being a mother meant ‘everything’ and the ‘world’ to them” and suggest that “Despite the amount of time and energy battered women need to spend focusing on their own survival they are very concerned about their children”. Goldblatt et al. (2014) emphasise that this desire to be a good mother continued after leaving the abusive relationship.

That the primary responsibility for caring for the children fell within the mothers’ remit was echoed throughout the articles (Semaan et al, 2013; Peled & Gil, 2011; LaPierre, 2010a, 2010b). This was often because there was no other option, because the women did not trust the children’s father to care for the children or because they were coerced by their partner to look after the children (Semaan et al, 2013; Peled & Gil, 2011; LaPierre, 2010a, 2010b).

The role of motherhood could be seen as one that provided women with some sense of control or self-esteem as many of the articles emphasised (Peled & Gil, 2011; Semaan et al, 2013) and may be even more important for victims of DV where they have little control in other areas of life. Others suggested that even the role of mothering was heavily controlled by the violent partner (LaPierre, 2010a, 2010b; Goldblatt et al, 2014). For example “they had limited control over their mothering, as they had to act within the narrow boundaries established by their partners” (LaPierre 2010a).

Some of the authors suggested that this was an idealised version of motherhood that did not always fit with the descriptions that the women gave (LaPierre, 2010a, 2010b; Peled & Gil, 2011). Peled and Gil (2011) noted that the women presented a narrative reflecting the truth as they know it shaped by personal and social perceptions and suggests that as a society we are failing in not permitting women to express some of their more negative experiences of mothering and to seek support where needed.

One area of mothering that women felt was impacted was their ability to emotionally care for their children (Swanston et al, 2013; Buchanan et al, 2013; Goldblatt et al, 2014; LaPierre

2010a, 2010b; Semaan et al, 2013; Peled & Gil, 2011; Kearney, 2010). For example Buchanan et al. (2013) demonstrate how comforting the baby came after dissolving an incident and that the focus on protection reduced time to focus on building a relationship with their baby. Many of the articles emphasised that the mothers were able to meet their children's physiological needs and discussed this as tangible evidence of their care for their children. However Goldblatt et al. (2014) describe this as "mechanical parenting" as a result of struggling to survive, "She was unavailable to listen to her children's emotions, and therefore obstructed communication in the presence of their pain". Stephens (1999) suggests that some women 'adultified' or 'parentified' their children, suggesting that they were not able to meet their children's emotional needs and Haight et al. (2007) found that some mothers yelled at or hit their children when they were particularly stressed. Mothers suggested that they were more emotionally available after leaving the relationship, when no longer "trying to survive" and the authors suggested that this 'splitting' may be essential (Peled & Gil, 2011). Although Kearney (2010) suggests that mothers were still quite preoccupied with trauma memories and the past relationship with the abuser.

The women were ultimately doing the best that they could in very difficult circumstances and providing the physical care required by their children, but as a result of the abuse were not always able to meet their child's emotional needs; as Goldblatt et al. (2014) suggest "Parental love existed deep in her heart, but was concealed by her pain, suffering, fear and turmoil that coloured her entire existence". One area where the women strongly demonstrated their agency was in their attempts to protect their children from the violence and is evidence of the women's resilience and creativity.

ii) Protecting children from the violence:

The articles provided multiple strategies that the mothers used in order to protect their children both from direct abuse and from witnessing DV.

Firstly mothers tried to reduce the amount of violence that was taking place (Peled & Gil, 2011; Buchanan et al, 2013; Semaan et al, 2013; Haight et al, 2007). LaPierre (2010a) suggests that women tried to predict when the violence might take place and then the mothers used multiple strategies to reduce the likelihood of it occurring for example, changing their behaviour, staying in if this was what the partner wished, making the dinner and trying to avoid confrontation.

If violence was unavoidable (as it is often unpredictable) mothers tried to ensure that the children were in another room, or the music was turned up and downplayed the violence (Peled & Gil, 2011; LaPierre, 2010a; Haight et al, 2007; Buchanan et al, 2013; DeVoe & Smith, 2002). Women also put themselves at increased risk and were sometimes violent towards their partner in order to protect the children (LaPierre, 2010a).

Finally the decision to leave the relationship often came as a result of trying to protect the children and realising that they were in danger (Buchanan et al, 2013; Semaan et al, 2013; Stephens, 1999). Semaan et al. (2013) saw these as "episodes during which the batterers abuse conflicted with the woman's beliefs about how children should be treated and/or her understandings of her role as a good mother".

Goldblatt et al. (2014) suggests that the women thought at the time that they were protecting their children and tried to construct a non-violent reality, but highlighted that attempts to protect the children can cause tensions in the mother-child relationship "some women succeeded in fully restoring their relationships, yet others described damaged relationships,

which could be explained as the children's retaliation for the divorce or for the unsatisfactory parenting during the marriage". Some mothers were not always able to protect children or may not recognise that they need protection (Stephens, 1999; Buchanan et al, 2013) and often the children would try to protect their mothers instead demonstrating 'role reversal' (Haight et al, 2007; DeVoe & Smith, 2002; Stephens, 1999).

The papers also reflect on a dilemma that women find themselves in as they believed that it was important for the children to have a father figure and yet this meant remaining in an abusive relationship (Peled & Gil, 2011; Stephens, 1999; DeVoe & Smith, 2002; Haight et al, 2007; Kearney, 2010). DeVoe and Smith (2002) suggest that women expressed regret that their children were "missing male parent figures" and "struggled with their decisions to separate from the fathers of their children". Haight et al. (2007) emphasised the importance of mothers letting their children know that it is still ok to love their father.

Finally leaving the relationship did not always leave to the desired effect of completely protecting the children from their abusive father or of repairing everything from the past. Many of the papers commented on the difficulties of on-going contact with children and their fathers and their fears around this since they were no longer able to observe what was going on (LaPierre, 2010a; Swanston et al, 2013).

iii) Perpetrator deliberately undermining mothering

Many of the articles made reference to the abusive partners deliberately undermining the mother's relationship with her children or her mothering as part of their violent strategies (Swanston et al, 2013; Peled & Gil, 2011; Buchanan et al, 2013; LaPierre, 2010a, 2010b; Semaan et al, 2013; Goldblatt et al, 2014).

They did this in multiple ways for example, hurting the children or actively involving children in arguments: "using them to hurt the mother, by abusing her verbally in their presence, or by asking the children to side with them against their mother" (Peled & Gil, 2011). LaPierre (2010a) suggests that "men's use of violence towards the women in front of the children was sending the message that the women were not able to protect themselves, let alone their children". Perpetrators also criticised a woman's mothering abilities 'knowing that this was a valued role' (Semaan et al, 2013: LaPierre, 2010a; 2010b).

Some of the articles discussed the perpetrator's resentment of the mother's close relationship with her child and controlled the amount of time or what the mother did with her children (Buchanan et al, 2013; Goldblatt et al, 2014; Swanston et al, 2013). For example "he determined when nursing would stop, the frequency with which she would hold the infant, how he was held during feeding and, and the amount of food he would consume" (Goldblatt et al, 2014). LaPierre (2010b) suggests that for some even the choice about becoming a mother had been decided by partner demonstrating the total control that men have over what is constructed as a women's role.

Finally men would threaten to take the children, call social services or lock mothers out of the house, threatening mothers with the loss of their child (Goldblatt et al, 2014; Buchanan et al, 2013; LaPierre, 2010a; 2010b).

iv) The impact on children

Most of the papers noted that mothers were very aware of the impact of DV on their children (Swanston et al, 2013; DeVoe & Smith, 2002; Buchanan et al, 2013 Goldblatt et al, 2014; LaPierre 2010a, 2010b; Kearney, 2010; Haight et al, 2007). LaPierre (2010a) and Kearney (2010) propose that the children had greater needs than other children because of their

exposure to DV and Kearney (2010) emphasises the guilt that mothers experience because of this. The articles discuss both internalising and externalising behaviours demonstrated by the children and PTSD type symptoms (DeVoe & Smith, 2002; Haight et al, 2007; Kearney, 2010).

The children sometimes assume the role of the father after he had left the relationship (LaPierre, 2010a, 2010b; Stephens, 1999; DeVoe & Smith, 2002). For example "Her relationships with her children existed in the shadow of violence and, as a result, they learned to be controlling and take advantage of her weakness as an abused woman" (Goldblatt et al, 2014).

However, others report difficulties in the children but do not always consider that this could be related to witnessing DV or state that the children were too young to understand. For example, Peled and Gil (2011) describe "States of dread, mental stress, changes in mood, emotional problems, reduced performance, and medical problems, such as headaches and vomiting" and suggest that the mother's narratives revealed hints that the children did witness more than the mothers said that they did. Stevens (1999) suggested that often children were adultified and the impact of the DV on the children was denied, for example "one child is often viewed as being similar to the batterer, and his or her age-appropriate struggles with impulse control, or trauma-induced aggression or defiance, are reinterpreted by the mother as evidence that that child carries the father's malicious intent toward her". Kearney (2010) suggested that mothers often misinterpreted normal child behaviours as abnormal or avoided thinking about why the child may experience difficulties.

The impact was often recognised after leaving the violent relationship (Stephens, 1999; Goldblatt et al, 2014; Swanston et al, 2013; Haight et al, 2007). For example Swanston et al. (2013) suggest that "acknowledging that the child existed in the same world of threat and fear

as them would have been unbearable" and that "mothers experiencing DV are understandably unable to think or reflect on the impact the DV is having on their child at the time". Goldblatt et al. (2014) state that leaving the violent relationship "created a turning point in the meaning they had previously ascribed to the parenting role, including awareness of the harm caused to the children and the mother's responsibility for correcting it".

v) Talking about the abuse:

As discussed above one strategy mothers used to protect their children was by not talking about it. For example, Peled and Gil (2011) said that mothers attempted to "create a world without violence for their children".

After leaving the relationship many women felt that this silence created a divide between them and their children and wanted to try and talk more openly about the abuse, although some did not realise that they needed to (Haight et al, 2007; Peled and Gil, 2011; DeVoe & Smith, 2002; Swanston et al, 2013). Often the women felt ill-equipped to do this (Swanston et al, 2013; DeVoe & Smith, 2002; Haight et al, 2007) and also said that they feared becoming overwhelmed themselves if they were to talk about it (Swanston et al, 2013; Peled & Gil, 2011; Haight et al, 2007).

The authors describe how the mothers tried to help the children make sense of what had happened and repair their relationship with their children; however some children were angry at their mothers for denying the reality of the violence (Goldblatt et al, 2014; LaPierre, 2010b; Haight et al, 2007).

One of the things that mothers were keen to communicate was that violence is not acceptable in relationships and were concerned about the role models that they had provided for their

children (DeVoe & Smith, 2002; LaPierre, 2010a, 2010b; Haight et al, 2007). Gender was important within this; mothers did not want their daughters to be victims nor their sons to use violence in relationships (LaPierre, 2010a; DeVoe & Smith, 2002; Haight et al, 2007).

vi) Services

Although these papers did not focus specifically on the women's use of services this was a theme that occurred in the papers. Most of the papers discussed negative experiences that the mothers had that were blaming, non-existent, judgemental or even traumatic and suggested that mothers often kept DV a secret for fear of losing their children into custody (Haight et al, 2007; Swanston et al, 2013; Peled & Gil, 2011; Buchanan et al, 2013; LaPierre, 2010a; DeVoe & Smith, 2002; Goldblatt et al, 2014).

They highlighted that good services need to support mothers in order for them to better support their children, including enabling mothers to reflect on the impact of DV and communicate openly with their children; they need to be non-judgemental and empathic (Swanston et al, 2013; Peled & Gil, 2011; LaPierre, 2010a; 2010b; Stephens, 1999; Goldblatt et al, 2014; Haight et al, 2007; Buchanan et al, 2013). For example "workers ought to keep the focus on men's violence, rather than shifting the attention onto women and their mothering. Men's violence creates a context that complicates mothering, and it is the main problem that needs to be addressed" (LaPierre, 2010b).

1.9.6 Summary

This is a relatively recent body of research that has identified that the recent focus on protecting children from DV has led to pervasive 'mother blaming' without an understanding

of the complexities of mothering through DV. This body of research has aimed to use qualitative methodologies to understand the women's nuanced and complex experiences and their strategies for managing these. Services often demand that mothers leave a violent relationship, however the papers discuss how this is a difficult decision that needs to be supported and services need to do more to recognise the extraordinary lengths the mothers go to in order to protect their children. Mothers are able to recognise the impact that DV has had on their children and continue to try to repair their relationships with their children after leaving a violent relationship, however a focus on 'survival' can mean that mothers are less able to attend to the emotional needs of their children and can be less 'reflective' while in a violent relationship.

1.10 Justification for current research study

Aside from the recent studies included in the metasynthesis above there is a paucity of qualitative research considering the experience of mothering in a context of DV (LaPierre, 2010a; 2010b). More specifically there is a lack of qualitative research considering the mother-infant relationship and a mother's experience of this. The 'ghosts in the nursery' literature is written from a theoretical perspective as opposed to seeking the mother's own views.

Two qualitative studies that do consider the mother-child relationship are Buchanan et al. (2013) and Goldblatt et al. (2014) however Buchanan et al. (2013) only considered the development of this relationship in the first year and Goldblatt et al. (2014) considered these relationships after women had been divorced for over five years and took place in Israel.

Radford and Hester (2001) discussed the need for future research to focus on mother's ambivalence towards their children, particularly as a result of fathers trying to disrupt this relationship. This has been addressed somewhat in Mullender et al. (2002) and Radford and Hester (2006), but requires further empirical research that focuses specifically on the mother-son relationship.

Swanston et al. (2013) also highlighted some gaps in the research, for example that research so far has focussed on families that reside in shelters where there is likely to be more severe violence. They suggest that less is known about families living in the community and with different ages of children. Stanley, Miller and Foster (2012) also suggest that research needs to consider beyond the point of separation and this research project aims to recruit women who are no longer in a relationship with their violent ex-partner.

This study particularly focuses on mother's relationships with their son(s) following DV as clinically it has been suggested that this relationship can be difficult and we can consider that a mother may project the role of 'abuser' onto her sons who may enact this position more readily than daughters (Silverman & Lieberman, 1999; Lieberman et al, 2005a). It will also recruit from a British community population with mothers that have left the violent relationship. The research will focus on mothers of sons aged approximately 0-5 as this period of 'infancy' has been noted to reawaken 'ghosts in the nursery' when processes such as 'projection' are salient. This is also a crucial time in the development of the mother-child relationship (when the child is very dependent on his mother) and has been highlighted as a time when the risk of DV is heightened.

1.11 Research aims and questions

This research aims to understand the experience of mothering sons following DV. Clinically it has been observed that mothers can struggle in their relationships with their sons, but there is a lack of empirical research to demonstrate this. There is no research to date that focuses specifically on a mother's relationship with her son. Also the majority of the research has been with minority groups, recruited from DV shelters but this study will be recruiting from a predominantly white British community sample. The research question is: how do mothers experience their relationship with their son(s) in a context of and following DV?

Method

2.1 Chapter Overview

This chapter will begin by outlining the epistemological position of the researcher and will describe the research method that has been selected and ethical considerations. Finally the full procedure of this research project, from participant recruitment to analysis and dissemination will be described.

2.2 Epistemology

2.2.1 Personal reflexivity

The researcher is a Clinical Psychology trainee with a strong interest in theories of attachment and mentalisation, trauma research and psychodynamic literature on the subject of infant development. She has clinical experience in working with children and their mothers who have experienced DV in CAMHS services. It would have been impossible to detach from this experience and the theoretical knowledge gained. Inevitably this knowledge will have shaped the research as it developed both at an interview level (where the interviews were constructed between the researcher and the interviewee) and at the level of analysis where the researcher's interests will inevitably have shaped the process of coding. The researcher has endeavoured to be open and forthright about their preconceived assumptions and has used a reflective journal throughout the research process in an attempt to be as transparent as possible (see appendix 3). Other methods of rigour have been utilised to ensure that these beliefs are managed sufficiently (see section 2.6.6).

2.2.2 Social Constructionism

The researcher takes a social constructionist position in relation to this research question, what constitutes the knowledge generated through data collection and how they believe this can be researched. Social constructionism can be described as a critical approach towards knowledge that is often accepted at face value without being questioned. The position states that knowledge is constructed in relationships and highlights the role of language in constructing knowledge and understanding (Burr, 2003; Gergen, 2009).

Social constructionism suggests that there is no one singular 'truth' in respect to social and psychological phenomena and suggests that an individual makes sense of an event based on their own personal history which is filtered through the cultural and political narratives etc. available to them (Gergen, 2009; Corbin & Strauss, 2008). Therefore the women included in this research will all have experienced DV but their experiences will have been shaped by their own personal history which in turn will have been influenced by their gender, cultural, religious and professional backgrounds etc. This highlights the complexity of human experiences and attempts to research these (Corbin & Strauss, 2008).

How an individual then 'communicates' their experiences is similarly complicated. Gergen (2009) suggests that language has been seen by positivist researchers as accurately explaining people's subjective experiences in a straightforward manner; however he argues that language is constructed in relationships and is framed within certain contexts. Wittgenstein (1953) describes the development of language using the metaphor of a game of chess where the rules are not 'known' but develop between the players; words therefore gain their meanings through these relationships. This means that if an individual were to explain their experience of a place, for example a city, the words that they use will have developed their meaning in a particular context and will not reflect the place in an objective way and a person

listening to this description will construct an idea of the place in their mind based on their own experiences. In terms of this research this means that the women's account of their experiences will not capture in any objective way what has happened.

Foucault (1977, 2006) described how much of our speech is embedded in institutions and highlighted how language is used to control and to exert power. His work questioned the diagnostic categories of mental illness, for example, suggesting that these 'labels' are used to exert power over groups of people. Foucault (1977, 2006) suggests that since the enlightenment when overt power was exerted through the use of beheadings etc. a more subtle form of power has been used to control people through institutions, for example through the criminal and justice system. Dallos and Draper (2005) describe Foucault's use of the terms dominant discourses and subjugated or peripheral discourses and suggest that families describe their own experiences within the dominant narratives that are available to them. Peripheral or subjugated narratives are often explained away, for example by describing young people's views as 'idealistic' or women's views as 'hysterical' in order to protect the dominant discourse (Dallos & Draper, 2005). This fits closely with the social construction of DV described in the introduction and the 'mother blaming' discourse that suggests that mothers are primarily responsible for the development of their children instead of acknowledging social realities, such as a lack of suitable housing and poverty.

Despite the difficulties highlighted in the use of language Corbin and Strauss (2008) remind us that without concepts professionals would not be able to communicate and develop shared understandings and therefore research that attempts to think about concepts is still worthwhile.

The researcher argues that what was said in the interviews will have been based on the interviewees experiences and the meaning they have made of this but will also have been

shaped by their expectations of the interview process, what they thought that the researcher might like to hear and the responses (whether conscious or unconscious, verbal or non-verbal) that the researcher gave. Their responses will also be co-constructed out of the research schedule which in turn has been developed out of a reading of the literature and the researchers own experiences. In essence there is an interpersonal component that is crucial in understanding how the data was gathered and analysed. The women were not merely recounting their internal experience in a way that was unshaped by the interviewer but neither was the interview designed to be deterministic in influencing what they said. There was a co-construction between interviewer and interviewee that was mediated by attention to rigour at all stages of the process (see section 2.6.6). The researcher expected there to be some differences between the women that were interviewed in levels of reflectiveness and in both the difficulties and resiliencies that they demonstrate.

2.3 Design

2.3.1 Qualitative design

Qualitative research is interested in how people make sense of the world around them and how they attribute meaning to their experiences. A qualitative design made most sense as the researcher hoped to elicit something of the women's experience of DV and to document the ways in which this influenced the developing relationship with their young son(s) (both in a context of DV and after they had left this relationship). The researcher also wanted to think about what aspects of the relationship with her young son(s) women found more or less difficult and whether this was different for different women. As the literature search suggested, little research has considered the mother's experience of her relationship with her son(s) following DV, although there is acknowledgement that this relationship can be

disrupted. Exploratory qualitative research in the area felt the most appropriate, as the researcher did not know what to expect from the interviews and what the women would want to focus on. The researcher wanted to be able to use the interview guide flexibly in order to develop the questions as the research progressed and consider some areas that future research may want to focus on.

2.3.2 Grounded theory

Grounded Theory (GT) was developed by Glaser and Strauss (1967) as a method of developing a theory from the data, as opposed to devising testable hypotheses from theories. Mills, Bonner and Francis (2006) describe the inductive nature of the method and how the researcher has no preconceived ideas but rather the theory emerges out of the data. Researchers were encouraged to look for the "true meaning" and to avoid looking at the background literature in order to avoid contaminating the data (Hall, Griffiths & McKenna, 2013). This point is a key difference between original GT and Constructivist Grounded theory (CGT) that this research project will utilise (see section 2.3.3). The key components of GT included simultaneously collecting and analysing data, constructing codes and categories from the data, constantly making comparisons between the codes/categories and the data, increasingly developing theory at each stage of the research, writing memos and conducting the literature review after the analysis (Charmaz, 2006).

GT does not necessarily reflect a particular ontological or epistemological stance; however the original method was largely viewed as post-positivist in nature.

2.3.3 Constructivist Grounded theory

CGT evolved from GT and is commonly associated with Charmaz (2006). Charmaz (2006) maintained much of the approach of GT, but emphasised the co-construction of the data between the researcher and participants and the multiple realities that exist. Charmaz (2006) suggests that any theory developed out of GT is an interpretation of the context being studied and not a singular 'truth'. Henwood and Pidgeon (1992; 2012) also suggest that theory cannot 'emerge' out of the data in a straightforward sense instead the researcher will always be making an interpretation based on their existing ways of making sense of the world; preferring to use the term of theory 'generation' as opposed to 'emergence'. Henwood and Pidgeon (2012) describe GT as being both iterative and linear, as opposed to being a straightforward inductive process, as the researcher flips between the raw data and their emerging understanding of that data. Analysis is both a creative and a systematic or rigorous process (Henwood & Pidgeon, 2012; Corbin & Strauss, 2008; Charmaz, 2006).

Charmaz (2006) describes CGT as starting with the gathering of rich data that reveal participants thoughts and feelings. This research utilised interviews to gain the participants interpretation of their experiences.

Charmaz (2006) describes how the researcher often has ideas from the literature about their topic of interest, but instead of viewing this as a hindrance views this as a position from which to develop ideas further. CGT does not prohibit conducting a literature search before starting interviews and considers the pragmatic decisions that a researcher often has to take, for example completing a literature search as required by an academic course. However, researchers should try not to become tied to specific theories or research findings and remain open to new ideas (Charmaz, 2006; Henwood & Pidgeon, 2012).

CGT fit well with the researcher's epistemological position and was considered appropriate to answer the research questions that the project aimed to answer. CGT requires the development of a theory that could potentially be empirically tested in another piece of research; however for such a small scale piece of research this is more likely to produce tentative hypotheses rather than a full theory.

2.3.4 Summary of the chosen design for the current study

In summary a Qualitative design has been used to answer the research question and CGT has been used to shape the process of recruitment, interviewing and data analysis. CGT was selected instead of Thematic Analysis or Interpretative Phenomenological Analysis, for example, as the researcher felt that a model could feasibly be developed from the interviews to think about how these participant's experiences could potentially be related to other women in a similar context. The researcher also wanted to focus on similarities and differences in the interviews in detail and thought that this methodology would enable this.

2.4 Participants

2.4.1 Inclusion/exclusion criteria

Participants were included if they were the biological mother of a son between approximately nought and five years old and had experienced DV. The project has focused specifically on women with sons because of the potential similarities between this relationship and the relationship with her ex-partner. The age range of the children was selected as this is a crucial time in the development of the mother-child relationship, a critical period in terms of child development and a period when 'ghosts in the nursery' are salient.

The women were sampled from services as the researcher would know whether women were no longer in an abusive relationship, an inclusion criterion for the study, and have support available. It was considered important to interview women who are no longer in an abusive relationship as they may otherwise have been at increased risk of harm by their violent partner (who may see the woman discussing their relationship as a threat to the relationship thus increasing the risk of violence). It was also hoped that women who have utilised services will have had more opportunity to process the impact of the relationship. For the participant demographics (see section 3.2).

2.5 Ethical Considerations

The University of Essex granted ethical approval for this project (see appendices 4 and 5).

2.5.1 Stress of Participants

The participants were advised that the interview process could potentially be stressful as they would be talking about a difficult subject matter and were informed that they could stop the interview process at any time (see appendix 6). The researcher remained alert to any signs of distress and would pause or stop the interview completely should a participant become overly distressed. It was not necessary to stop any of the interviews. A couple of women became slightly upset when talking; the researcher checked they were ok, but all women were happy to continue with the interview.

The participants were recruited from services and the information sheet clearly stated that refusal to take part in the study would not affect service provision in any way (see appendix 6). However, the contact with services did mean that if any of the participants became particularly upset by the interviews they would be supported by services; this support would be organised immediately following the interview (again this was not necessary). Participants

were only recruited if they were not in a violent relationship at the time of the interview as talking about this relationship may have further increased their vulnerability. This was checked at the beginning of each interview.

The researcher provided participants the opportunity to debrief following the interview so that they had a chance to discuss their experience of the interview and ask any questions that they had. The research also hoped to consider protective factors that promote resilience and will therefore have clinical implications for future interventions and treatment with women and their son(s) following DV and therefore it was hoped that this would make the risk of stress to participants worthwhile. It is also important to recognise that the participants had already been through extremely distressing situations and have therefore built up resilience's.

2.5.2 Confidentiality

The primary researcher recorded the interviews using an audio recording device and transcribed the recordings herself. While the interviews were being transcribed the audio device was kept in a locked facility and the recordings were password protected. All voice recordings were destroyed when the interviews had been transcribed. The anonymised interview transcripts were then kept on a private computer accessible only to the primary researcher and her supervisor in a password-protected folder. The write up of the project included anonymised quotations from the participants so that they cannot be identified. Any information that was presented to services was generic and not about individual participants, unless risk to the participant or child was identified, in which case the participant was informed that the service would be contacted. Participants were informed about how the data would be handled both in the information sheet and at the beginning of the interview and consented to this treatment of the data (appendix 6 and 7).

2.5.3 Potential disclosures

The participants have been victims of DV whilst caring for their young children and therefore the researcher needed to be very aware of safeguarding issues. As a Trainee Clinical Psychologist the researcher has attended mandatory child and adult safeguarding training levels 3 and 4 and therefore was able to recognise signs of risk and the appropriate steps to take. The participants were informed at the beginning of the interview that if they discussed anything that suggested that they or their child/ children were at risk of harm then the researcher would need to inform a member of staff from the service and raise a safeguarding alert if required. The researcher's first point of contact would be the safeguarding social worker who works in the service. The researcher would have a conversation with the participant about this if they needed to take these steps and gain consent to talk to staff or raise an alert. If consent was not given, but the level of risk was considered high then the researcher would still need to raise a safeguarding alert. The researcher would also liaise with the safeguarding lead from the service if required. No safeguarding concerns were raised throughout the interviews.

2.5.4 The safety of the researcher

Interviews took place in the services to ensure the safety of the researcher and to ensure that the researcher did not need to work alone. The researcher received supervision from a Clinical Psychologist, who was also the primary research supervisor, and so was able to discuss any emotional distress that was caused by conducting the interviews and immersing herself in the subject matter.

2.6 Procedure

2.6.1. Recruitment

The participants were recruited from the parent and infant mental health service (PIMHS) in a disadvantaged seaside community in the East of England and additionally from a voluntary service for young women in the same community. These recruitment sites were selected as they provide services to many women who have experienced DV and the primary research supervisor had contact with the services.

PIMHS is a team in a group of Sure Start Children's Centres for children aged 0 to 5. Sure Start services were set up as an acknowledgement that children growing up in certain areas of the country are disadvantaged and hoped to shrink the gap between children's level of opportunities (Rutter, 2006; Lewis 2011). However, Rutter (2006) critically discusses the evaluation of Sure Start services in 2005 which provided limited support for the success of this initiative. Lewis (2011) discusses how governmental policy has led to the 'mainstreaming' of Sure Start services into universal Children's Centres providing more government control and focusing on children's cognitive development and 'getting parents back into work' as opposed to a focus on supporting parents and their children. PIMHS provides additional support for mothers in approximately eight to nine groups and in a number of specialist therapeutic services. This includes a group specifically for young mothers, with a focus on the mother-infant attachment relationship and a Mellow Parenting program that targets complex needs with the most vulnerable families.

Mothers are referred to the service by health visitors, midwives or social workers and many of the mothers who access these services have been affected by DV. Ball and Niven (2007) in a National Evaluation report of Sure Start services, focusing on DV, suggest that although

this was not a ‘core’ aim of Sure Start (subsequently Children’s Centre) services this became an identified need. Ball and Niven describe how 70% of the 12,961 women interviewed about Sure Start services agreed to complete a questionnaire on DV and of these 5,803 reported experiencing verbal abuse and 1,858 reported experiencing physical violence. The service is run by a Social Enterprise on behalf of the County Council. There are two other children’s centres within the Children’s Centre group that were also recruited from. The voluntary service runs groups for young women experiencing DV to increase awareness of DV and how to keep themselves safe.

The researcher went to three meetings at the organisation to introduce the research project, including the inclusion and exclusion criteria to the staff team. The staff team were also provided with an information sheet. Staff introduced the research project at the various parenting groups that they ran, explaining the inclusion and exclusion criteria to potential participants. Information sheets were handed out to any interested participants who were asked to let a member of staff know if they wanted to be contacted to take part in the research project (appendix 6). The member of staff gained verbal consent for the researcher to contact the participant. The researcher had a telephone conversation, to discuss any queries the participants had about the research, and to do an initial check of eligibility, e.g. confirm that they have been in a previous violent relationship but are not currently and that they have a young son approximately 0-5 years old. The women were given two to three days to think through the information they had received and to consider whether they wanted to take part. The researcher then telephoned the participants to set up a convenient interview time.

The recruitment phase was conducted over nine months and was extended to include the voluntary service after the first six months as initial recruitment was difficult. The same procedure was followed although the researcher did not attend any meetings with the staff team but liaised with staff via email and telephone.

2.6.2 Sampling

Purposive sampling was utilised as the women were pre-selected by the service's staff team based on whether they had experienced DV in the past (but were no longer in a violent relationship) and had a son; these were seen as 'rich resource' cases (Henwood & Pidgeon, 2012). Purposive sample sizes are often based on reaching 'data saturation' and therefore are most effective when the participants are recruited inductively. It was hoped that sampling would be done theoretically however, due to the practicalities of ethics, recruitment was initially from one service and with time constraints and the number of potential participants in the service this realistically was not achieved. It was hoped that ten to fifteen women would be recruited to take part, however eight women were interviewed. Three other women were put forward by staff (two of these spoke to the researcher on the phone and agreed to take part but did not confirm an interview date and the other did not answer the phone).

2.6.3 Interviews

Interviews were conducted in an interview room within the service and all interviews were conducted by the primary researcher who is a woman. Funding for childcare was gained in order for the participants to be interviewed without the presence of their children if they were unable to organise this themselves and interviews were arranged for a convenient time for the participant, allowing plenty of time. At the beginning of the interviews the researcher ensured that the participants were aware of the limits of confidentiality, how the data would be used and that they were aware that they could stop the interview at any point should they wish. The researcher then asked the participant to sign the consent forms; one copy was returned to the researcher and one copy was kept by the participant so that they could look back on what they had signed (appendix 7).

Interviews were semi-structured (appendix 8) so as not to force preconceived codes onto the data but to ensure that the researcher had some basic open ended questions to fall back on (Charmaz, 2006). The nature of transcribing and beginning to analyse the data between interviews enabled the interview guide to be adapted as the research developed in order to explore areas discussed in earlier interviews and consider whether the questions were getting to what the researcher was interested in, while not forcing the data. Both the initial interview guide and the final interview guide are shown in the appendices (appendices 8 and 9). The interviews opened with the researcher asking more about the interviewee's family and the ages and genders of children as this was both important to the research and was considered to be a gentle introduction to the interview. The interviews lasted between 25 minutes and 1 hour and 15 minutes.

Throughout the interview probes and prompts were used to try to elicit as much relevant information as possible (Braun & Clarke, 2013). For example, if a main question was "how has your experience of being a mother been?" this was followed up by asking more about the experience of mothering different children in the family or how DV impacted this experience. When a participant answered with: "It was difficult" the researcher could ask: "What about the experience was most difficult?" or "could you tell me more about that?" Braun and Clarke discuss how simply making encouraging noises such as mm-hm can encourage participants to keep talking and provide further detail and also discuss the use of remaining silent in order to encourage participants to keep talking; this tactic was also employed.

The interviews closed with the researcher asking whether the interviewee had anything that they wanted to add about their experiences that they felt was not covered by the interview and how they found the interview. Participants were given a voucher to the value of £15 and were asked to sign to acknowledge receipt of the voucher (appendix 10).

The first interview was transcribed and analysed before further recruitment (Glaser & Straus, 1967). However, as the researcher was recruiting from the same pool of women the process of theoretical sampling was better able to shape the research questions and what was emerging out of the interviews as opposed to shaping further recruitment. For example, after the first three interviews the researcher changed the introduction to the interview and defined DV as being both physical violence and emotional abuse or controlling behaviour as this appeared to allow women to talk about different aspects of their previous relationships. The researcher also began to ask about specific interactions with their sons, for example feeding or bathing their son(s) or how they managed when their son(s) was crying. The process of interviewing, transcribing and analysing was repeated until all of the data was collected. It was not possible to reach what is known as 'data saturation', however, it is hoped that enough data was gathered in order to ensure data sufficiency (Dey, 1999). Dey (1999) suggests that the notion of data saturation is problematic anyway as we cannot provide evidence that the categories we find are saturated by data, instead he suggests that the categories that we find are suggested by the data.

2.6.4 Transcriptions

The interviews were recorded with an electronic recording device and stored securely. Free software entitled InqScribe was downloaded and used to assist with the transcription of interviews (2005). The method of orthographic transcribing interviews described by Braun and Clark (2013) was adapted and used (see appendix 11). Braun and Clarke discuss how the spoken language is 'messy' unlike written language and describe a method of orthographic or verbatim transcription that attempts to record this as accurately as possible. They argue that transcription cannot be isolated from a researcher's epistemology, as what the researcher decides to record is influenced by how they view data. For example, Discursive or

Conversation Analysis aims to not only record what was said, but how it is said. Orthographic transcription focuses on what was said, but does include some non-verbal information, for example the use of 'erm' and 'mm-hm' and pauses in conversation. It was considered important to capture some non-verbal material as although this is more typically associated with Discourse Analysis it is relevant to the mentalising and trauma literature and can indicate unprocessed or emotional salient information. For example, long pauses could indicate that the participants are being asked to reflect on the information for the first time or perhaps that they are struggling to find the words to explain their experience. Jumping around from topic to topic or not addressing the question that has been asked could potentially indicate that the traumatic experience has been less well processed (George et al, 1985).

The researcher thought that it was important to transcribe the interviews herself, in order to familiarize herself well with the data and consider initial themes and whether themes were repeating themselves suggesting data sufficiency. Each transcription was completed as soon after the interview as possible, as Braun and Clarke (2013) suggest that this may enable a more accurate transcription. This also fit with the CGT methodology as it was attempted to transcribe and analyse interviews before going back and completing further interviews.

2.6.5 Analysis

Coding

Coding is considered to be the first analytic step of the research (Charmaz, 2006). At the initial stages of coding there may be lots of different ideas emerging from the data and later on patterns of frequent codes may become apparent. The researcher initially completed line by line coding, including the use of in-Vivo codes, and then moved to focused coding and finally theoretical coding. Memos were written throughout the analysis phase.

Line by line coding

Open coding requires labelling sections of the transcript in order to categorize, summarise and account for each piece of data (Charmaz, 2006). Henwood and Pidgeon (2012) suggest that at this point codes are tentative and are things that the researcher thinks are potentially of relevance. The researcher decided to initially code the data line by line in order to ensure that they remained open to what was in the data and to try to avoid jumping to theoretical explanations.

Asking questions

Corbin and Strauss (2008) propose that researchers ask questions of their data in order to probe deeper into the participants experience and to avoid analysing at a superficial level, for example, asking questions about what, why, who, when, where and how, in order to know what we do not yet know about any given concept.

Constant comparison

The aim of coding is to seek similarities and differences in the data through the use of constant comparison (Charmaz, 2006; Henwood & Pidgeon, 2012; Corbin & Strauss, 2008). Initially comparisons are made about data within the same interview and then progress to comparison between interviews. The indexing system is used to gather a range of instances where a concept is discussed, considering both the similarities and diversities in order to build up a complex picture of a potentially relevant concept. Henwood and Pidgeon (2012) suggest that this constant 'flip-flop' between the data and the researchers developing conceptualisations is a dynamic process that leads to the development of codes and reviewing and changing these in order that the data fit in the best way possible.

In-Vivo codes and latent codes

In-Vivo codes use the participants own words and can highlight their assumptions and implicit meanings and can ensure that the researcher is really beginning to understand the participant's world. The close attention to language can also indicate phenomena that are socially constructed as discussed earlier in the methodology (Charmaz 2006; Gergen, 2009).

The researcher may have their own thoughts that do not match the data but that could indicate relevant 'latent' codes, for example they could reflect participant's implicit meanings rather than the things they explicitly say (Charmaz, 2006; Henwood & Pidgeon, 2012). However it is important for the researcher to keep these ideas as possibilities and not assume that they are representative of a singular truth.

Focused coding

This phase requires the researcher to consider the more relevant or frequent codes and use these to go back over all of the data and to consider whether these codes both fit with the data and make sense (Charmaz, 2006). Henwood and Pidgeon (2012) suggest that this refining of categories is aided by further memo writing as well as writing a definition of a category explicitly explaining its qualities. This can enable the researcher to think about the codes that do and do not fit well within this category (Braun & Clarke, 2013). This stage also involves category integration, thinking about the ways in which categories are related to each other and this is typically done through drawing a diagrammatic representation (Henwood & Pidgeon, 2012). Corbin and Strauss (2008) suggest that there are many different 'stories' that can be told from data and it can take many attempts for the researcher to put their concepts together in a way that makes the most sense to them.

Theoretical coding

Theoretical coding is the final level of coding and refers to when the researcher considers the focused codes and thinks about how they relate to each other and how sense can be made of them, placing them into a theory to explain some phenomenon (Corbin & Strauss, 2008).

Memos

Memos are initial analytic notes about codes, the comparison between codes and anything else that interests the researcher (Charmaz, 2006). They are stimulated by the process of coding and things that come to mind as the researcher is completing their analysis (Henwood & Pidgeon, 2012). Memos are not constrained in anyway and do not have to 'fit' the data like codes do and Charmaz (2006) describes how memos are informal, should use the researcher's own language and should be spontaneous. Memos are used to define or explain codes and categories as they develop and therefore offer some evidence to support why the researcher is thinking about the data in the way that they are.

2.6.6 Quality and credibility

Lincoln and Guba (1985) developed criteria for ensuring that Qualitative research was "trustworthy" as a substitute to the reliability and validity that is often established within quantitative research. They discussed four aspects of this trustworthiness; credibility, transferability, dependability and confirmability (see appendix 12).

Although it is valuable to demonstrate the process that qualitative researchers have followed, and build in some strategies for promoting "trustworthiness", there are some difficulties with

the approach advocated by Lincoln and Guba as it assumes a realist ontology, that there is a truth that can be measured in an objective way (Braun & Clarke, 2013). The researcher did not use member checking as they believed that the interviews would be constructed with the researcher and believed that the analysis involved a level of interpretation that meant that the participants may not recognise the results as adequately summarising their own individual experience. The researcher did provide an audit trail by providing extracts of the raw data and the coding that was completed in the appendices (see appendices 13 & 14). Memo writing enabled further transparency about the decision making that the researcher was using when coding and developing categories to ensure that the researchers own assumptions and biases did not move beyond interpretation. Peer coding was completed to consider whether the same initial codes were apparent to others.

There are many 'checklists' that are used to identify 'good' qualitative research and the researcher endeavoured to utilise these to think about the research. Most of these highlight transparency and importance of the research, for example, Yardley (2008) suggests that good qualitative research should be sensitive to context, show commitment and rigour, be transparent and coherent and have impact and be important.

Braun and Clarke (2013) emphasise that transcription is completed accurately and checked, that the data has been interpreted rather than just described and that no part of the research has been 'rushed'. The transcription was completed as soon after the interviews as possible and by the primary researcher in order to allow for the transcription to be as accurate as possible; this was then checked at a later date. A transcription notation system was used in order to be clear about what was transcribed and what was not. The primary researcher met with their supervisor to discuss the process of analysis and to think about whether the analysis was moving beyond a descriptive level. Again extracts are provided in the appendices as well as the model which can help to demonstrate the level of thought applied to

the analysis and hopefully demonstrate that the research has moved beyond the research questions and to a more analytical level.

Elliott, Fischer and Rennie (1999) devised 14 criteria based on reviewing previous guidelines and consulting with other Qualitative researchers (see appendix 15). For example, they highlighted that researchers should 'own ones perspective' by identifying their own values and assumptions and what they expect from the research up front, it was hoped that the use of a reflective journal enabled the researcher to do this adequately. They also emphasised 'situating the sample' and it is hoped that the researcher adequately described the participants and their context adequately, for example providing basic demographic information. They also suggested that the research should resonate with readers so that the readers believe that it accurately represents the participants in a meaningful way and it is hoped that the write up of the results has sufficiently achieved this.

Finlay and Evans (2009) propose 4 factors that attempt to combine scientific rigour and artistic appreciation; Rigour, relevance, resonance and reflexivity (see appendix 15). They also highlight that research should have resonance or an emotional impact on the reader and the account should be rich and vivid. They suggest that research should be relevant by enriching our understanding and clinical practice, this will be discussed in Chapter 4.

As highlighted throughout the researcher used these checklists to try and ensure that 'good' qualitative research was carried out. However, it is assumed that the research was inevitably shaped by the researcher and is a subjective interpretation as opposed to an objective measure of the 'truth'. Therefore the researcher did not aim for the research to be 'reliable' in a quantitative sense; that it could be replicated by another researcher, but hoped to be transparent in why they made the decisions that they did.

2.6.7 Dissemination

The presentation of the researcher's thesis forms part of the dissemination and the researcher will aim to present the findings of the research at a future conference on attachment relationships or DV. It will be important to feed back to the trust and service from which the participants were recruited, as well as any other relevant services that come into contact with mothers and their young children. The thesis write up will also be amended to fit the requirements of relevant journals with the aim of the work becoming published, for example the journals of 'child and family social work', 'family violence' and 'interpersonal violence' publish research in this area.

2.7 Chapter Summary

This chapter discusses the qualitative design that was selected for the project and specifically describes the recruitment, interview and analysis stages of the research that were shaped by CGT. The ethical considerations of the research were discussed. The next chapter will describe the demographics of the participants enabling the reader to situate the research in context and will discuss the results of the analysis.

Results

3.1 Chapter Overview

This chapter begins by presenting the demographic information of the research participants in order to situate the sample. It will then provide an overview of the generated tentative theoretical model in a diagrammatic form (Figure 1). Finally the model will be explored more fully with anonymised quotations from the interviews to support the results.

3.2 Participant demographics

Eight women were interviewed (see Table 3 of the demographics); seven were recruited from the PIMHS service and one from the voluntary service. All eight had previously experienced DV (one woman experienced violence from her partner's brother who was living in the family home) but were not currently in an abusive relationship. The length of time out of an abusive relationship varied from a few months to three years and for the majority was over a year. The women appeared to be better able to reflect on their son's experience of witnessing DV and the impact of this out of the context of DV; although to differing degrees.

Half of the women previously had children (including sons) taken into care and half had all of their children currently living with them. All but one woman currently had a son living with them; the latter had twin daughters living with her following the removal of her five year old son and two older daughters from her care. The age of the women ranged from nineteen to thirty five and the age of the sons ranged from four months to eighteen years, although all of the women had at least one son (one son was not living with his mother) in the target range of approximately nought to five years (one was six years old). The total number of children that the women had was one to eight.

Table 3
Demographic characteristics of participants

Interview	Mother's age	Number of children	Number of sons	Number of children in social care	Ages of son(s)	Number of son(s) living with their mother
1 (Jane)	35	8	5	7	18 months-18 years	1
2 (Michelle)	30	3	1	None	6 years	1
3 (Angela)	32	4	3	3	11 months, 7 years and 12 years	1
4 (Jo)	21	2	2	None	17 weeks and 3 years	2
5 (Michaela)	28	4	3	3	17 months, 4 years and 9 years	1
6 (Danielle)	30	5	1	3	5 years	0
7 (Julie)	36	2	2	None	11 years and 2 years	2
8 (Steph)	19	1	1	None	4 months	1

Five of the women described growing up in an abusive household, two did not describe their birth family as being abusive and one woman did not discuss this (it did not come up in the interview). One woman experienced what she described as emotional abuse and all the other women described experiencing physical, emotional and sexual abuse. Five of the women described being in more than one abusive relationship.

3.3 Overview of model

The core category is the 'cycle of violence' which appeared to be a journey that the women went through culminating in them 'ending the cycle'. The model (Figure 1) does not fully explain all of the women's accounts of their experiences but was the best fit from the data.

The model starts with whether the women viewed abuse as being inevitable or not, based on whether abuse characterised relationships in their birth family. This related to the path they took in the model with women who did not experience childhood abuse being more likely to leave the abusive relationship sooner.

The next stage in the cycle is the impact of DV on the mother-son relationship that occurred while in the context of DV. One woman was able to leave the abusive relationship while still pregnant and therefore went straight to the ending of the cycle. There were different 'impacts' of DV on the mother-son relationship that the women discussed and the impact appeared to increase the longer that the women stayed in the abusive relationship. These were 'preoccupation with the partner', 'difficulty bonding', 'maternal mental health', 'mothering is a burden' and the 'son 'copying' the perpetrators behaviour'.

As mentioned the impact stage lasted for differing amounts of time and it was followed by the 'conflict in leaving' the abusive relationship stage. This stage is complex and considered the women's internal conflict about leaving (and protecting her son(s)) or staying and the role of social support in enabling the women to leave. Leaving was often characterised by a cycle of leaving and coming back and this was discussed in relation to the mother-son relationship.

On leaving the relationship the impact of DV continued for some women and being a single parent was incredibly challenging; the outcome for half of the women was that their children were taken into care. The women discussed their limited relationship with their son(s) now that they are no longer in their primary care.

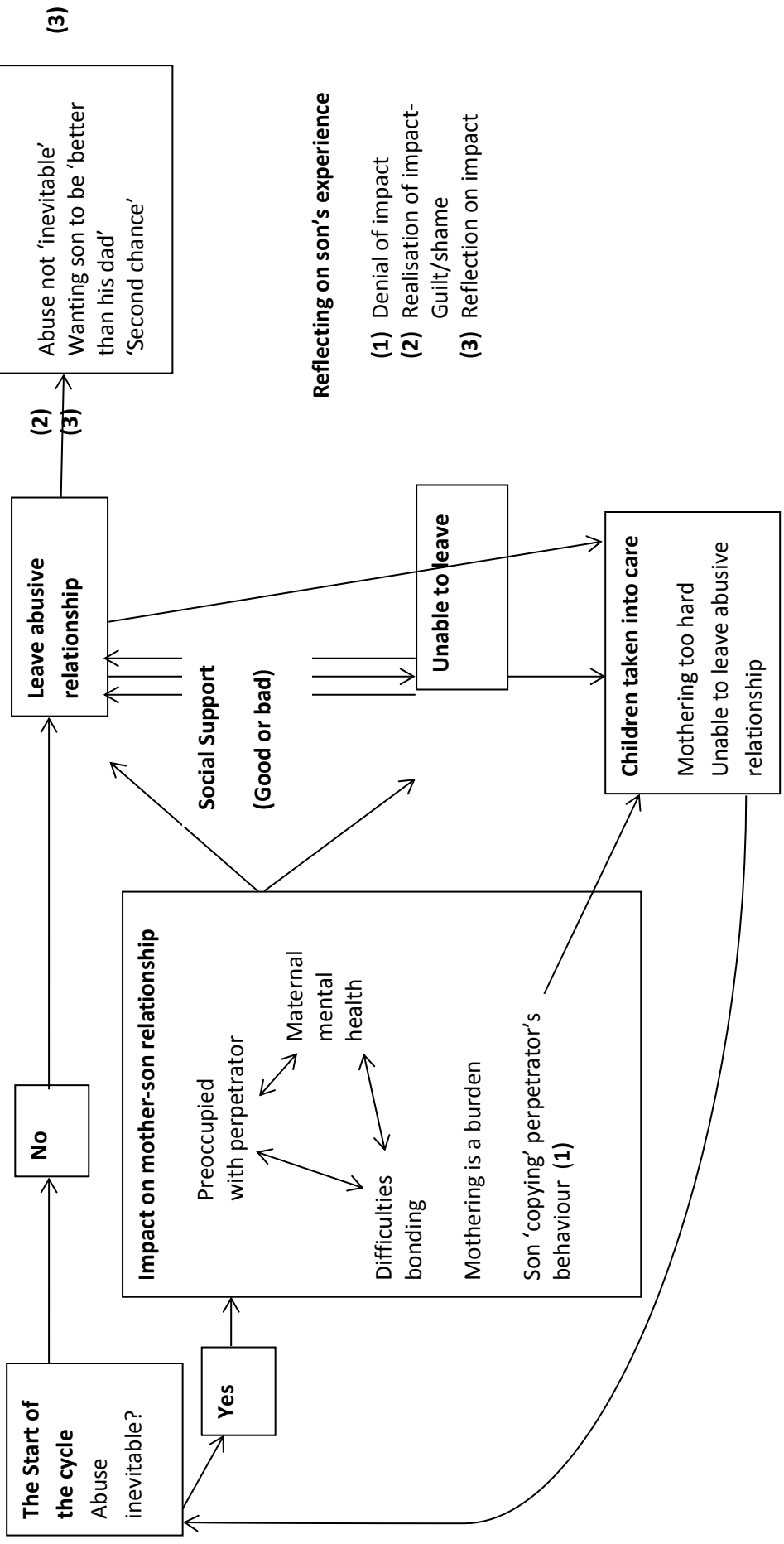
The length of time it took mothers to reach the end of the cycle varied. This depended on their early experiences of relationships, the complexity of leaving the relationship and the support that was received. All of the women described reaching this point of ending the cycle of violence.

Ending the cycle was different to leaving abusive relationships as it required a change in behaviour and thinking, regarding what should be expected and tolerated in relationships. At this stage mothers spoke of wanting their son(s) to be better than their father (or the perpetrator), and recognised that they had efficacy and were influential in this process. This process was actualised through teaching their son 'right from wrong' and providing a good role model. For the majority of the women this also meant staying out of romantic relationships and focusing on the relationship that she had with her son(s).

The women described a 'second chance' at motherhood either with younger siblings (following removal by social services of previous children) or with their son(s) out of the context of DV. The second chance included the experience of joy in mothering although some women also discussed overcompensating in this relationship.

Reflecting on the son's experience varied at different points in the cycle and is a process that goes alongside the core category. While in the abusive relationship it appeared that there was a denial of any impact on the son(s) and his violent behaviour was not connected up to his witnessing of DV. Realising that the DV did impact on the son(s), and on the mother-son relationship, led the women to experience feelings of guilt and this limited the women's ability to reflect on this in detail. This appeared to take place out of the context of an abusive relationship and included reflecting on the experience of children who were subsequently taken into care. Further reflection allowed some of the women to think about the impact on the son(s) and how frightening and confusing the situation may have been for him/them. This appeared to relate to them wanting to teach their son(s) right from wrong, in order to ensure that he will become 'better than his dad'. It seemed as though some of the women were reflecting on certain things for the first time in the interviews.

Figure 1: Diagrammatic model



3.4 Core category: The ‘cycle of violence’

This core category gives an overview to the whole model and is how many of the women described what had happened to them and how they have made sense of DV. This appeared to be a journey the women experienced that they were reflecting back on.

Michaela: I still sort of thought well that's normal that's what women get and like cos obviously me it's sort of continued sort of thing throughout my family me as a child with my, seeing my mum and my dad at it and then like and then me, me going onto my relationship with my kids and I just thought it was going to be a continued...

Danielle: I know that basically it's a cycle and a perpetrator erm if a person sees a child sees that then that's going to become normalised and it will make them think that that's normal for them to be witnessing or having that done to them which obviously it's not erm and I'd like to stop that cycle and I'd like to be the one in the chain that says no no more this is how it's going to be I want to better myself I don't want to be a drug user or an alcoholic I want to make something of my life be a good role model for my children.

The category begins by considering the context of the women’s birth families and whether the women viewed abuse as being inevitable. It will then go on to consider the impact of DV on the mother-son relationship at different points in this cycle both in the context of DV to the complex process of leaving the abusive relationship. Finally it will then describe either the limited relationship with the son(s) now that they are in care or the ‘second chance’ relationship with the son(s) out of the context of DV once the women have ended the cycle of abuse.

3.4.1 The start of the cycle

This section will begin by describing contextual information about the women's early experiences in order to set the scene for the developing relationship with the women and their son(s). It will then move to discussing when the DV began and consider this in relation to the mother-son relationship.

Growing up with abuse and violence

At least five of the eight women had been abused as children (some multiple times). One woman did not discuss this (as it did not come up in the interview) and two only experienced abuse as adults in romantic relationships. Those who had a 'model' of a loving parental relationship did not think that abuse was inevitable and experienced 'less extreme' abuse. However this narrative that abuse became 'normal' and was 'inevitable' was salient in the interviews.

Danielle: But yeah I think that was through learnt behaviour my dad used to hit my mum erm so obviously I'd grown grown up with that and it was normalised behaviour.

Michelle: My mum was abusive erm my dad was never. He was always working; he never really got to see the extent of what she was doing. My mum would hit me and my sister and my brothers erm but in strange way that was normal erm like if we angered her in any way she would hit us, sometimes beat us. But we kind of thought that everybody had that, everyone had that.

There was also a sense that some of the women did not receive the love that they needed as children and sought this from their partners.

Angela: And because I was so young my mum didn't really give me the attention I wanted, she didn't give me the proper love I wanted, erm so yeh I turned to him for that. And

me and my mum we're ok, but we're not brilliant. My dad was an alcoholic for 35 years, and I've seen him going through some rough things. He's battered his wife.... I've seen that .

In addition to their historical relationships many of the women were living away from home and were much younger than their partner. Julie (who had no previous history of abuse) felt that this was why she was vulnerable to an abusive relationship.

Julie: so... sort of you know he'd told me about his past where he'd been to prison you know he was a bit of a ladies man but a bad boy and I I I don't know even..... (sighs) looking back now there was so many signs but you don't see it then I think maybe I was in a new area living cos I'd just moved to er from [town] erm loads of things were going wrong but he seemed to be very right and I just sort of.. I don't know just I was under his spell.

Michaela: Erm, the whole point I was rather young when I got with him, I was only 16 and erm he was already quite a bit older he was about, about 31 I think he was when I got with him.

Jane: Yeh he was one of my mum's friends ….Yeah so we actually met, like properly like got introduced and everything when I was about 11, 10…. so he really groomed me, well sort of because when I got to the age of 13 he started buying me toys.

Angela: So at that age you're gullible, you just want be yourself, you want to feel loved and everything like that.

The women talked about how they did not recognise the initial signs of abuse, for example recognising controlling behaviour as being abusive. There was a sense that things began gradually and increased in severity with the perpetrator making continued steps to increase both their control and the women's isolation.

Jane: I was only allowed out if he went with me or if my sister went with me or vice versa whichever er, it was just constant.

Julie: Yeah I'd stay in and wait and you know I did lose quite a lot of friends close friends at the time but I couldn't see it.

Julie: where you know my mum and dad were quite against him and I turned round and said to them "you're not my family don't ever contact me again ever you know I don't want you as my family he's my family you're nothing" and I cut them all off… and you know then I had no one.

Steph: He didn't like let me out well sort of thing for like a few days he wouldn't let me go back home.

For Michelle the abuse that she experienced was not from her romantic partner but from his brother while he was living in their family home. She also described how the violence began gradually with things escalating and how her partner did not protect her.

Michelle: Erm it started off with him just pushing me around a little bit, he made out he was joking. Erm and then it started with pinching me and marking me….to doing like Chinese burns and spitting, then it gradually got worse and he would hit me in front of the kids and Graham [her partner] would never really do anything because he was scared of his brother as well.

Getting pregnant quickly

The majority of the women described their relationships as being 'good' until they fell pregnant. For five of the women this first pregnancy was with a son and for three of the women they first had a girl before going onto have a son. The women fell pregnant early on in the relationship which increased their vulnerability and dependence on their partner and also meant that the women did not have much time to get to know their partner.

Michaela: Erm, I moved in rather quickly. We got together September and then I moved in with him on the [full date] November and fell pregnant with my daughter in the March. So it was pretty a rushed job, sort of we'd discussed having a child and the relationship was brilliant up until I was about 4 months pregnant...

Pregnancy was often a trigger for the start of the violence with some of the fathers reacting in a violent way.

Julie: I fell pregnant pretty quickly while we were having this affair and (sighs) I don't know if it was him or be.. the pregnancy but when I told him I was pregnant he obviously go.. I told him in my car and he got and kicked my car he was having a go at me and everything and but... you know I was like maybe I should get rid of it but when I told him that I was gonna get rid of it because he was Irish and catholic even though he wasn't you know he smoked and drinked and whatever but apparently this catholic thing meant a lot that you couldn't get rid of babies and erm he threatened to kill my mum and dad right if I got rid of it...

Jo: It was just horrible really, the start of it was fine. Everything was alright and then things started to go wrong just after I had my son..

Steph: Erm but I was pregnant obviously at the time.

Most of the women did not make any attributions about why they thought that the relationship changed during this time just stating that it did, however Jo felt that the additional stress of having a young child to care for caused more arguments in the context of her partner's drug taking and Michaela said that during the first four months she began doubting her initial bad impressions of her partner, perhaps suggesting that there was an initial 'honeymoon' period.

In other cases the abuse was triggered by jealousy when the women either had an affair or the men though that they might have had one, for example, Angela experienced the most extreme abuse from her second partner (who was not the father of any of her children) in response to her having an affair.

Angela: He found out that I had a fling with someone. He came up the stairs and he jumped on me and tried to strangle me.

Steph: Not because of something that I'd done or like, well obviously done when I was out, but not because something that happened at home or something like that. It was because I went out and done something all because I kissed that lad everything just went really funny [her partner then locked her in their home].

3.4.2 The impact on the mother-son relationship

This stage of the cycle relates to seven of the women as Steph felt that the DV did not have any impact on her relationship with her four month old son as she had left the abusive relationship while she was three months pregnant.

The women described five different impacts of ongoing DV on the mother-son relationship; preoccupation with the perpetrator, difficulties bonding with their son(s), maternal mental health, mothering is a burden and son(s) 'copying' the perpetrators behaviour. These are inter-connected and the impact appeared to increase the longer the women stayed in the abusive relationship.

The women described being preoccupied with the perpetrator because of the unpredictability of his behaviour. This made it difficult to bond with their son(s), further complicated for some women who were afraid that their son(s) would eventually become like the perpetrator. Preoccupation with the perpetrator impacted on maternal mental health because of the high levels of stress and anxiety that the women experienced and this was exacerbated by feelings of 'guilt' about not bonding with their son(s).

Mothering was experienced as a burden as the perpetrator was both absent (leaving the women solely responsible for parenting) and controlling (undermining mothering and threatening to kidnap their son(s). This 'burden' further impacted on maternal mental health and the mother-son relationship.

Some of the women interpreted their son(s) aggressive behaviour towards them (and siblings and peers) as 'copying' the perpetrator (reinforcing the idea that men are abusive) and this led to difficulties in the mother-son relationship.

The women were thinking about the 'impact' both on their son(s) and the mother-son relationship after reflecting on this to various degrees (see section 3.5).

Preoccupied with partner

As discussed in Chapter 1, mothers are often preoccupied with their young infant in order to try and make sense of the infant's experiences. However, in a context of DV the women were often understandably focused on the perpetrator and trying to keep both themselves and their babies safe. For example, Danielle tried to predict and reduce the violence by placating the perpetrator and meeting his needs.

Danielle: It was just that I was so bogged down with the emotional stress of what's going to come next erm is he going to be, is he going to hit me? Are they going to want their dinner on the table for this time or that time? Or if I don't do something right then I was constantly focusing on the actual man instead of the children.

The women also discussed other strategies that they used to try and protect their children at a cost to themselves, for example by downplaying the violence.

Michelle: I never knew if he was going to be there or not so and there was times where I had to pretend like when he was hitting me in front of the kids like it was a game.

Jane: I think they were a bit shocked, well of course they would be shocked yeh er, Ryan did come over and see if I was alright, he give me a cuddle and he asked me if he hurt me and that lot and I just said it hurts just a bit, you know I didn't want him to....worry, about stuff and that lot, so er I got up and made out everything's ok and that lot and then Chris [perpetrator] went out and got in his van and drove away [following Chris smashing her head against the wall until it bled].

Jane also described standing in front of her sons when their father began to abuse them.

Jane: He had him in the corner, had him in the corner and Ryan was cowering down, like a, like a little, like a puppy and I just got in the way and I says you don't fucking hit my kid. I said fucking back off and leave him a fucking lone, I says don't touch my son!

Trying to protect both their children and keep themselves safe appeared an impossible task and impacted on the women's own mental health as highlighted by Michaela who asked for her children to be temporarily taken into care in order for her to concentrate on looking after herself while knowing that they were safe.

Michaela: ….then like he was getting violent towards them [the kids] as well. Cos erm the social worker come round at one point because I completely broke down and erm I, I said that erm at this time right I'm not able to care for the children cos I can't look after myself...

Preoccupation with the perpetrator also made it hard for them to mother in the way that they had wanted to and the women described the task of 'mothering' the baby and the perpetrator.

Jo: It was easier [to be a mother] when he wasn't there cos I was on my own. I could do what I want; you know I could go by my routine. I didn't have to worry about him coming in and arguing with me in front of him. I knew that, he was more settled when he was with me on his own.

Jane: It was like he was the baby, he had to have the attention and the kids got put to the side, until he had the until he had enough attention and he was happy with it.

This preoccupation was even evident in three of the interviews for example if the interviewer asked questions about the mother-son relationship the women quickly moved back to talking about the ex-partner and were understandably still preoccupied with their traumatic experiences. This could also be linked to not wanting to reflect on the son's experience and keeping the interview focused elsewhere (section 3.5). For example, when asked about how DV impacted on her as a mother Jane responded by saying:

Jane: I think it made me quite scared actually of males, because after that I didn't really go out, I didn't go out out at all [then went on to talk about a night out where the perpetrator stalked her].

Difficulty bonding

Some of the women described difficulties bonding with their son(s) as a result of DV. As mentioned previously the DV often started during pregnancy and therefore interrupted the process of bonding with the unborn infant. This was highlighted by Julie who felt that she was in denial that she was even pregnant with her second son.

Julie: Through my pregnancy I was still drinking cos I thought that it would go away (laughs) and I didn't tell my mum and dad and I was just messed up you know mentally and I think from postnatal depression from Kyle and all the stuff that had gone wrong with Kyle and Kyle's dad I just didn't want to believe I was pregnant.

Some women explicitly said that they did not want to have a son because they already feared that he might become abusive and they felt that this interfered with their ability to form a bond both in terms of providing physical care and emotional nurturing.

Angela: I mean with Sarah it was different, because she was my first and cos she was a girl, but I felt like er, I felt like too much was going on to be close to Craig.

Jo: When I first had him, for about 6 weeks, erm yeah I wasn't doing things for him, that maybe I should have been doing. Erm I wasn't getting up with him in the night, I was leaving it all down to him, his dad, to do and then I got put on depressants for postnatal. Erm and did worry me for a little while that it might come between me and him or I might not bond with him as well as what I could be because of what I'd been through with him being a male as well….. In a way it does sort of affect your relationship a little bit with him because I don't want him to turn out how he was....

Michaela: (overlap).. I hated Tom when he was born…. I hardly ever cuddled him where as Alison I would erm I'd do the necessities but then I wouldn't even really enjoy doing that erm and I just like... it feels horrible to say you never bonded with your own child when he turned 2 I, I did start loving him but up until then it's hard to say but I did hate him.

These women were talking about their first born son and some of the women suggested that there was a difference in bonding with their first son compared to their second son (not all of the women had more than one son so this was hard to compare). Jo said that she thought that this difference was due to being in a more settled relationship when she had her second son, although this relationship was still abusive.

Michaela: Because he was a man I couldn't bond with him. Luckily I didn't have that problem with Jake or Jason but with Tom being my first boy I thought well he's just going to end up the same I'm going to be raising a boy that's just going to think it's ok to go round hitting everyone when that wasn't necessarily going to be the case.

Julie: I say I don't remember rejecting Kyle but I think I did if I was honest cos having Jay I can see the difference in me being a mum to Jay [second son] and me being a mum to Kyle [first son].

Julie felt that her desire to have a daughter was because she felt that she wanted a 'doll' to dress up and also felt that her son was to 'blame' for the deterioration of her relationship with his father.

Julie: I couldn't bond with him I couldn't look after him, you know I was struggling to look after myself and.. I suppose maybe in my head I might have been thinking at the time you know his dad was with me before I had Kyle, maybe if I get rid of him then he might come back to me.

However, not all of the women felt like this about having a son. Steph specifically wanted a boy and Danielle felt that it was initially it was just as difficult to bond with her son and daughters.

Danielle: Well it was quite similar, not anymore erm, but yeah I think it was all all the same really I think that in a way I pushed them all away because of the relationship that I had with their father and each and every one of them suffered to be honest.

Maternal mental health

DV negatively impacted on the women's mental health and nearly all of the women described being diagnosed with Postnatal Depression as well as other mental health labels. Considering the context of DV it is not surprising that the women experienced low mood, worry and a lack of confidence. As described earlier many of the women had suffered additional earlier traumas that also impacted on their current mental health.

Julie: Yeah erm 6 months ago I had a break down but erm prior to that I literally again I was just staying in bed you know my mum again was taking over and sort of doing stuff but 6 months it got so bad that I did have a break down and I I was just screaming you know 'help me help me' cos my mum and dad were trying to calm me down and my mum lit.. like rang someone to try and get me sectioned.

Michelle: Yeh erm I lost all my confidence, I didn't want to go out, I couldn't make any friends, erm I was stressed all the time, I was worried, I was getting paranoid. And er, yeah yeah it did have a massive impact on me.

Many of the women used alcohol as a way to cope with the DV and 'block things out' and one woman also self-harmed.

Danielle: Erm found it very very difficult for the first 10 years I turned to drugs turned to alcohol now I'm abstinent of all of that now my oldest 3 children have been taken away.

Michaela: Because like I struggle with mental health and I said I, I can't cope, cos I used to self-harm and stuff like that so therefore the DV I believe it's partly due to that that I started inflicting pain on myself to stop thinking about what was happening..

This deterioration in mental health understandably impacted on the women's parenting and made the women worry that their mothering would be criticised.

Michelle: And erm because I was diagnosed with depression as well I thought that would go against me [fear of social services].

Jo: I think it was just to give me a bit of a break [why son was taken away for a few days] because I was on depressants and stuff like that.

Michaela: there was a lot of violence to me as a child as well so therefore and then alongside with the kid's dad it just sort of it tipped me over the edge so therefore I had difficulty coping with what was going on in my head and trying to meet the kid's needs.

Mothering is a burden

In the context of DV mothering was experienced as being an additional burden or worry. There appeared to be little space for joy in the relationship with their children and it was not a role that the women felt very confident about.

Michelle: Erm and it was just, I completely lost my confidence in parenting, as a parent I completely lost it. There was a point where I really did not know what to do.

Jo: Erm, it would make you feel like I wasn't doing something right, erm I wasn't capable, just all those sorts of feelings like I couldn't do it much longer. Erm, it was hard because I did feel like I wasn't doing anything for him, because he was still crying and crying and crying so erm it was hard.

Michaela: the difference is with my other 3 it felt like a chore…like I had to do these things the same things day in day out and...

Danielle: Erm at first I thought how hard can it be to change a bum and look after a baby obviously I found that very difficult with the upbringing that I had and experiencing what I experienced as well [DV].

For many of the women there was a focus on the practicalities of mothering and managing the emotional needs of the children seemed to be more challenging.

Danielle: (overlap) I found that when they grown up a little bit when they could start answering back and they needed more emotional support then that is where I really struggled because I didn't have that as a child and I didn't have that from any loving relationship.

The perpetrators appeared to be absent in their role as a father and therefore the women were 'like a single parent' while also experiencing DV. As discussed earlier many of the women had become increasingly socially isolated, having moved away from their social support systems, and this meant there was little practical or financial support in raising the children.

Jane: brought my kids up by myself, because he was always out in his van doing whatever it was that he was doing. He was never in with them.

Angela: when I got pregnant with his son he wasn't there. He shipped me off to here, he got (incomprehensible) I was quite ill, erm and when I had my son I went back and it just kind of he had an affair with my sister.

Jo: Erm, it was hard cos he was spending all our money on that [drugs] so I couldn't get Brian the food that he needed, his milk, his nappies, I was asking to borrow money just to keep the electric on and food in the cupboards. And he just didn't really care (laughs). So it was really difficult for the first 8 months.

In addition to being isolated mothering was harder because of the perpetrator's attempts to control their mothering, which appeared to be part of their abusive strategies.

Jane: And when he was in it was like shut up, don't make a noise, don't play, don't move, basically don't breathe or do anything. Er, and things like that.

In extreme circumstances this 'control' extended to threats to kidnap their son. This felt like a direct attack on the mother-son relationship and the mother's ability to protect their son(s) and led to feelings of insecurity in this mother-son relationship.

Angela: he was horrible with me, he wouldn't let me in the flat half the time, erm he wanted to see Alex and I didn't trust him, because I thought he'd stop me from seeing him. Once he got hold of him, he could've just stopped me from seeing him.

Julie: he would be banging my door and threatening to take Kyle away and I remember once I did let somebody look after Kyle who was in the next block of flats. Again he was a baby and I went to the local pub and erm he left the pub and he went and took Kyle off them and I had the police involved and the (stutters) like obviously he brought, he brought him back but (stutters) I vaguely remember, but I know that the police were there looking for him, but he took him to his mates house which was obviously across from me and.... but that he did keep, he always threatened to take him away from me he did that once but then never again.

Son 'copying' the perpetrator's behaviour

Some of the women noticed a concerning change in their son's behaviour while in the context of DV with increasing levels of aggression. The women suggested that this aggression was directed towards them, siblings and peers at school.

Jo: Erm, the main problem we had with him at first was his behaviour, erm a lot of like hitting other children, snatching, shouting, you know trashing toys and stuff.

Michaela: Sort of or I'd send him to his room cos he would kick me, bite me, pinch me, pull my hair and you couldn't say no to that boy.

Some of the women described feeling unsupported by the school setting in trying to manage this difficult behaviour.

Jane: It got to the point where it was like the head had something against my kids; all, all, all my kids was always in the wrong, always in trouble.

Michaela: Erm but when he was in (school name) school erm I would go to parent's evening and they, they couldn't say anything nice about him because of his behaviour and stuff he, he would hide under tables erm and this is why I believe it's the impact of the violence that has made him this way he, he threw chairs at pregnant teacher and he would bite, he would kick, he would not listen to a word they would say. Erm he's had to have like er, he has like a erm not like a support worker you know when they have like a, erm a person appointed to them at the school.

Women with both sons and daughters described how witnessing DV appeared to affect their daughter's and son's behaviour differently with boys responding in an external way and girls responding by avoiding violence or taking on a caring role.

Michaela: See I, I,I do think it is different the way it impacts on girls and boys because obviously Alison saw that as well and being female I think it is different between a girl and boy because Alison she will totally like if she sees something violent or something like that she'll shy away from it.

Jane: Yeh because with the boys like when, when, when I had the 5 youngest ones with me and I used to go to the park or somewhere, if a bloke looked at me like in a nice way,

Dexter would say don't fucking look at my mum. I'd fucking hit ya and, and you know, you know and I'd be like Dexter! Don't swear there's no need for that, you know.

Danielle: Clare mothered the older 2 er the younger 2 children. She thought she was their primary carer erm and just that really.

Sometimes the women described their son's behaviour using wording that was directly linked to the perpetrators' behaviour, for example Michelle below said he was 'verbally abusive' to me.

Michelle: Smacking his sister, pushing me er if I asked him to do something er instead of him going 'Yes mummy' like he normally did. He'd be like no, so he'd become quite verbal(ly) abusive to me.

Julie: He knows how to hurt me you know mentally I think [her 11 year old son].

The women connected their son's behavioural changes to what he had witnessed to differing extents (see section 3.5).

3.4.3 Conflicts in leaving the abusive relationship

The next stage in the cycle relates to the conflicts in leaving. This also effected the mother-son relationship because the longer the women stayed in the abusive relationship the bigger the impact appeared to be and because this required the women to try to balance her own needs with that of her son(s). For some of the women there also appeared to be a difficulty in detaching from the abusive relationship and focusing on protecting their son(s). Of course leaving was also dangerous and so this process was not straightforward. For many of the women there appeared to be a cycle of leaving and returning to an abusive relationship which potentially impacted negatively on the mother-son relationship.

Internal conflict about leaving

Changing their expectations about relationships was a process and was very complex. The women discussed how they initially believed the perpetrator's apologies and believed that the relationship would get better; in hindsight they recognised this as part of the perpetrator's strategies of abuse. This felt connected to the women's own needs to be loved and potentially meant that they continued to be preoccupied with the perpetrator, making it harder to recognise their son's needs.

Michaela: Yeah you've got to have patience of a saint. They've got to be ready cos otherwise they're just going to keep on going back cos if they have got them on that reinforcement thing where they just say 'oh I love you' they're gonna end up I believed that so, I did believe that when he said that and I honestly believed that things was going to be better and I, I longed for that being told I was loved and I wanted that yeah. That's what I wanted to hear, he knew what I wanted to hear 'I love you I'm sorry I'll never do it again'.

Angela: And it, I were too scared to leave, to be honest (laughs) and I moved into my house, I thought it'd get better, but it didn't it just got worse.

Michelle: Yeh and I know that if I feel threatened now, I will run. You know I won't just wait like I did, thinking that it would stop.

However, the women also thought that staying in the relationship would be the best thing for the children and had an idea of a 'happy family', demonstrating how they believed that staying would meet both their own needs and their child's.

Michaela: I turned round and said ok I'll give you another chance I'm pregnant and I thought it was the best thing to do for my daughter, not knowing at the time that it was a girl, but I thought it was the best thing for the baby erm cos I'd always had that dream as a child that I would have kids with this man and we'd live happy ever after. Its madness really isn't it cos sometimes it just don't happen that way.

For some the idea of a father was even more important considering that they had a son and not knowing 'what boys need'.

Julie: because my focus was he needs a dad, especially being a boy. I don't know what boys do and I can't say 'ooh yeah this is what boys are supposed to do' I tried playing with cars and Lego and you know it was hard but I.

Some of the women did not realise that the perpetrator was also a potential risk of harm to the children and there was a view that the abuse was 'ok' so long as it was only directed at them, but when they realised that it could become a risk to their child they left. This demonstrated that the women did want to protect their children, but were not always aware of the potential risk of harm.

Michelle: It was only when I was talking to the family support worker that I realised that if [perpetrator] gets bored with me there's nothing stopping him from hitting my kids.

Or having been through a prior abusive relationship recognised the potential impact on the children as Jo described.

Jo: There's no way I'm letting my kids go through that again.

Others appeared better able to recognise this risk of harm and left as soon as the abuse could potentially impact on the children.

Steph: It wasn't me thinking more about myself it was more the fact that I kept thinking what if our little babies not inside me anymore was the thing that was worrying me the most.

Danielle: He used to beat me up and he beat me up in front of the kids once erm so I left.

The women also feared that seeking the support of services and admitting what was going on would demonstrate that they were 'unfit' mothers, which inadvertently made them less able to protect the children.

Michelle: Yeh no she was really supportive. There was a couple of times were I actually thought she was going to call children's services, thinking that I was unfit…..I think mainly because I wasn't doing anything about James, even though I was too frightened too, I was still wasn't and for me I wasn't protecting myself or my children.

Jo: It was horrible, like I always worried in case they decided they were going to take him and that would be it. Erm I think they was mainly working on what was going on at home in front of them, they was quite concerned about, which I was anyway.

Some of the women were almost continuously pregnant or caring for very young children. This also appeared to be a barrier to leaving the abusive relationship. This highlighted again how the women were trying to meet many different needs at once.

Michaela: when I had Tyler erm it went too far and that was when he pinned me up against the door when he was angry …. and then he put the knife up against my throat and turned round and said 'if you don't move out of my way I'm going to use it on you' so obviously I moved out the way (laughs). I aint gonna put up with that, well I did put up with it because, like I still stayed there [Following the birth of her son, she left when he was two weeks old].

Jane: So yeah that's another big thing so you know, I upped and left. Well not at that minute but after I had Jon [could not leave as was pregnant].

Throughout the interviews some of the women highlight this conflict by saying that they had reached a point where 'enough was enough' but then did not leave or engaged in a cycle of leaving and coming back. It may be that looking back with an increased understanding of DV that was a point where the women recognised that they should have left or that this was a point where they wanted to but were unable to for multiple reasons highlighted in this section.

For the women that did this over a period of time this may have additionally impacted on their relationship with their son(s) as they were 'saying and doing different things' potentially reducing trust in this relationship. For Jane when her eldest son became violent towards her and his siblings as a teenager and she threatened to call the police he did not believe she would.

Jane: I said watch me I'm going to call the police and he went, he went you won't do that he went you always say that.

External barriers to leaving

Once the women had resolved the internal conflict that they had about leaving there were different external barriers to leaving the relationship including how dangerous and difficult it was for the women.

Angela: But I was just trying to find the courage to walk out and it was hard, very hard.

Jane: After a while he used to stalk me he used to sit outside the flat in his van.

A couple of the women describe how in order to leave they had to deceive their partner in order to get out safely without needing to confront him about this.

Steph: Cos I got myself out I don't know how I done it I told him everything was fine kissed him goodbye I got him to drop me off and said I love you and went into my mums house and reported it to the police….

However, for two of the women the perpetrator left them first in order to get into a relationship with someone else.

Jo: Erm but every time I asked him to leave, he wouldn't leave. He had nowhere else to go, he kept coming back. Erm if I locked him out, he'd try and smash my windows and the police would get called out again and it would just go round in circles. Erm so when he eventually left, he found someone else and just went one day. Didn't even tell me I think, just went.

Additionally the financial and housing context was likely to be an internal as well as external barrier to leaving the abusive relationship as the majority of the women had to leave their own home and their whole life that they had tried to build for themselves and their family.

Michelle: Yeh and I don't think that I would have done it, I was so scared. And leaving my home as well which I, I loved that house and the garden and everything and I was making it my own and it, it was really hard for me to leave that.

Angela: In the end I walked out of my own house with my two children and left him in.

As discussed in the start of the cycle section many of the women had become quite isolated (through the perpetrators control) and therefore leaving often meant moving back to be closer to family and to have support in raising the children. This is not only connected to finance and housing but what other practical and emotional support is available.

Michaela: And I erm moved in with my mum. I was there temporarily for a couple of months until I got my own place.

Julie: my mum literally came up and she had to take me took me back down to Plymouth cos I was so messed up in the head.

Although some of the women highlight the limited options that they have available to them and for some leaving the relationship was only feasible by going into a refuge.

Danielle: So erm it weren't a very long relationship to be honest I actually moved home because of him erm and go back to my family which was drug users anyway.

Michelle: I was so scared about going in. I'd never been in one before and you know I didn't know what they were like.

Social support

Social support appears to play a crucial role in either helping or hindering the women with this internal conflict of recognising the DV as being abuse (and being unacceptable) and also highlighting the children's needs within this. Social support also plays a crucial role in whether leaving the relationship is practically feasible or not.

For some of the women their family and services were potentially replicating their abusive experiences, making it even harder for her to try and protect her children. For example, the women often described the police's response as being un-protective and increasing the women's powerlessness in the situation:

Jane: but I was not allowed to contact the police, whether he was abusing me or harassing me…

Jo: the police would get called out again and it would just go round in circles.

This lack of services actions also reinforced the perpetrator's control and they were aware of this for example Jane's partner said to her about his stalking: "you can't do anything about it" knowing that she was not able to contact the police. Jane actually left her ex-partner multiple times including starting again in a new flat but then she was not protected by services and her partner resumed his controlling behaviour through his contact with the children. Again this highlighted that having children made it harder for the women to protect themselves.

Some of the women also described social services responses as being very punitive and judgemental and were offered very little support until their parenting was questioned. For example, in talking about her experiences with social services in this geographic area as compared to previous experiences Angela used language similar to which she used to describe her abusive relationship.

Angela: I've had no threats from social services, not threats off anyone else saying well… I'm going to be saying this to social services or that.

Steph: It's almost like she's bullying me [her social worker].

Others had more positive and supportive experiences from services and they particularly valued honesty and a non-judgemental approach.

Michelle: If I hadn't gone to the children's centre I don't think. I think I'd still be in [place] to be honest [where she was experiencing abuse]. Erm but yeah just to try and seek help, cos once you ask for it it's amazing the help that you get.

Angela: Yeah massive support, my social worker has been a huge support, she's been there. Basically being honest with me and telling me what I need to do and sort out.

Michelle: I felt so comfortable with her she didn't judge me, she didn't make me feel I was unfit or a bad mum and she was always telling me that the fact that I'm there asking for help is the reason that she doesn't think I'm a bad mum.

3.4.4 Children taken into care

The women discussed the pressure from social services to leave the abusive relationship and for all of the women there was mention of social services involvement. However, in most of cases where the women had their children taken into care (4 women) this occurred when they had left the relationship. Those that had managed to avoid having their children taken into care had worked very hard to comply with social cares demands and had support in doing so (from services or family members). For one woman her own mum totally took over the care for both of her sons.

Once they had left the abusive relationship, their relationship with their son(s) did not always improve and in some cases the son's aggression increased once they were out of the relationship.

Jane: Yeh the first time he ever touched me cos normally, if Ryan, if the kids got out of hand like that and they raised their hand to me or their voice or anything then Chris [perpetrator] would give them a crack up the head…. And put em back, knock em back down to size, sort of thing you know. He wouldn't let them disrespect me…But because he wasn't there, he thought well I'm the man of the house; I can do what I wanna do now [her 13 year old son].

The women also had to manage as a single parent both financially and emotionally with varying levels of support (with the ongoing impact on their own mental health and with challenges in the parent-child relationship).

Michaela: And I,I , I (stutters) like there was times when they would scream and I would take them upstairs and I would put Tom in his room and Alison in her room and I'd go 'right go to bed I've had enough of ya' like and then like they'd be running backwards and forwards most of the time between each other's bedrooms and I'd be shouting up the stairs 'get back in your bedrooms' sort of thing. That it was different because I was proper stressed then there was times where I had to phone people to come round because I honestly thought I was gonna end up losing the plot.

Angela: Neglect. I couldn't cope…..It was really hard and their dad didn't help because whenever I said to him come and get your kids "I'm busy, I'm doing this, I'm doing that".

Michaela: I was swearing just sit em in front of telly and watch Cbeebies and I would feel like I just wanted to go up to them and shake them.

The women talked about not being able to meet their son's needs without much needed support and that they had become 'out of their control' which was why they went into foster care.

Jane: I had loads of trouble with Dexter in the refuge down here. He used to have, he used to, he was just completely out of control. There was no way I was going to be able to control him and he, he knew that and that was the reason why he said yeh I'll go into foster care, cos he knew I couldn't control him, er basically and that lot, so yeh I think, think that's why in a way he said yeh, yeh I'll go there. You know, cos he knew he needed some more, he needed more than what I could give him basically. So yeh, he needed to be like grounded sort of thing and I couldn't do that with all the rest of em as well.

For other children this was a decision that was made for them and was not agreed with.

Michaela: I, I, I (stutters) I still struggle with that one because with Alison and Tom I agree they should be in foster care because of their needs, they're quite complex and even though I've sorted my life out to a degree now I don't think I would be able to meet their needs still but with Jake it's difficult erm because I don't want him to be where he is I want him to be with me because I'd be able to..all he's got he needs a bit of speech therapy so he would.. I would be able to meet his and Jason's needs.

In talking about their relationship with their son(s), now that they are in care, the women highlighted the limits that this places on their relationship with him and how they can only know him up unto a point.

Michaela: Yeah, yeah cos obviously I can't really say I know him very well, because obviously I only see him 3 times a year but when we do see each other we have a lot of fun, lot of cuddles. We tell each other we love each other I make sure that I do that yeah so,.. yeah quite good.

Danielle: Not at the moment no well letter box contact now because he's just been placed for adoption so I only have letter box contact with him at the moment well until he's 18 so..

Angela: With Michael, I didn't know him properly; I didn't get the chance to know him properly.

Others felt that having had the experience of children being removed into care became a painful motivator to change things and put their son first.

Danielle: I think that having the children removed was a big kick up the arse for me.

Angela: But this time I had to go back a couple of days after, we lived together for a few more days and it didn't work out so he had to leave this time or I would have lost my son. And I wasn't prepared to lose another child.

There was a fear that these son(s) that have witnessed DV, and subsequently been taken into foster care, would go on to continue the cycle of abuse, for example Michaela said she hoped that her seven year old son would not go on to be a perpetrator.

Michaela: (overlap) I mean he's getting his life sorted now so by the time he gets into a relationship he will have the right sort of thing in his mind that you don't hit people like that you like if you're getting angry you walk away and calm yourself down and then go back and discuss sort of in a calm way sort of thing rather than lash out so but that was in my mind he was just going to end up this horrible person.

3.4.5 Ending the cycle

When women talked about ending the cycle of abuse they did not just mean leaving an abusive relationship. For many leaving one abusive relationship just led to getting into another abusive relationship or they would leave an abusive relationship but then found being a single parent too difficult and would return to this relationship. Others had left partners but were then experiencing abusive behaviour from their son(s). The women had not at this point reflected on why they might be vulnerable to getting into this type of relationship or did not always recognise different signs of abusive relationship. In the interviews women discussed other relationships that they did not initially consider to be abusive but only in hindsight recognised that they were.

Different expectations of relationships- abuse is not inevitable

Therefore ending the cycle of abuse incorporated different aspects 'putting a stop to the abuse' either through staying out of romantic relationships entirely or ensuring that a romantic relationship was 'safe'. The women had all reached a point where 'enough was enough' and they talked about expecting something better for themselves and for their children and realising that abuse in relationships (whether from partners of from their sons) was not inevitable.

The women stayed out of romantic relationships because they recognised that they were vulnerable to this type of relationship

Michaela: I'm vulnerable to that sort of type of relationship because I'd get to the stage where I feel lonely or unloved and then I'd accept it, it, its (stutters) almost as though like I'd accept that again. So I tend to steer clear of that cos my priority is obviously the son I have in my care so therefore I, I can meet his needs if I'm focussing on him but as a psychiatrist said when I go into a relationship I put my all into that relationship rush it all.

Danielle: And erm I managed to sort myself out for me instead of just trying to run away from one relationship and getting into another relationship with DV I've been through the freedom programme now as well.

Most of the women talked about being 'stronger' now and being able to parent alone. Some of the women were still friends with their son's father so were able to co-parent despite giving up on the 'happy family' dream for now.

Steph: I'd like to think that he could change cos he's from what I've heard in court what he's doing cos we're not allowed no contact whatsoever erm he's doing really well and I'd like to think that the risk could drop and then things could change so we could be a family erm but social services are telling us we can never be together… I'd know if he didn't sort it out then obviously I'd know that he's not really worth my time.

Angela: And he knows I'm stronger more than anything now. I've been on my own for.. well since June and I'm happier. I feel a lot happier; I feel I can get on with my life with Alex.

Learning about DV proved to be really important for many including recognising the different ‘tactics’ of abuse and reflecting on the perpetrator’s use of apologies to keep them believing that the relationship would change. This also helped women to reflect on the ‘cycle of abuse’.

Steph: I understand so much more about DV coming on the course.. The little things like how it starts and stuff and how people can.. just little things like ‘make me dinner’ and stuff you wouldn’t think straight away you’d be like yeah alright then and get up and do it.. but then after you come on the course you understand that realistically you shouldn’t be spoken to like that and that he should be making you dinner.

Danielle: I just know what, what what to look for now in a man.

Receiving social support had enabled the women to have a different model of what a relationship should be like and having their own needs met enabled them to be able to do this for their children.

Danielle: Because I've been in a loving, I can see what a family is supposed to be I've connected with people now. I've got a loving family around me it’s not my family it's the twins family but I we connect as a family we go there every Sunday well we go to the great grandmas every Sunday for Sunday dinner I,I ,I (stutters) I've seen what a family is like I see the support network I can see the ch that people have arguments and they do gel back together and obviously I can see how a family works and I've got the love there and I've been shown a love from an adult now as well and I know what it's like to be an equal partner erm and that's why I feel that it's different.

Michaela: (overlap) I think the psychiatrist because obviously social services send you to a psychiatrist and I went to [clinic name] in [town] erm and I saw [Psychiatrist name] and er I build up a trust with him because obviously he's done quite a lot of like psyc like psychiatry assessments whatever you call them and erm and I built up a trust with him. He helped me because he became the first man I trusted.

Wanting sons to be better than their dads

The women also wanted to ensure that their son(s) were not witness to a model of dealing with difficulties with ‘aggression’ and realised like above that it is not ‘inevitable’ that he will become abusive if he has a different model of how relationships should be. Some of the

women did not think it was inevitable that their son(s) would be abusive but all of the women expressed worry that they did not want their son to grow up to be a perpetrator of DV.

Jo: So it sort of puts me in a position where I wanna do better than that for him, I want him to be a better person than what his dad was, erm which worried me about contact and that for a little while as well.

Angela: But no, I've seen violence, I've seen domestic abuse, I've seen emotional abuse, I've been through emotional abuse and I just decided the past few months, it's not going to happen again. I can't let it happen in front of Alex and I can't let it happen to myself. I've been through too much and I'm only 32. So yeah.

Jane: I don't think that women should look at their sons as, animals really I think they should look at em as their sons and not like somebody that's there to control them, to take them over, somebody that's going to be domineering to them when they get older.

Steph: I know I wouldn't stand for anyone's crap anymore not a chance it's not just me to think about anymore it's my little boy and if we're standing there arguing or we're arguing or whatever he's listening to that and I don't want him growing up being the same person.

Jane: As quick as possible before your kids start turning into their dads or try to mimic what their dad's do.

The women were keen to teach their son(s) 'right from wrong' and also how to manage their emotions effectively.

Jo: I think it's me being with him on my own, I've managed to teach him the way that I want him to be, erm I got the chance to teach him what's right and wrong without someone else saying no that's not right.

Michelle: I've taught Ben about different kind of emotions and that it's ok to express them but only in an appropriate way.

Michelle: push me and that and that's ok if you're doing it in a joking way but not too hard, so I showed him how to do it in a joking way and said but James went beyond that and it became unacceptable for him to hit me. At his school they use the term 'unkind hands'.

Some of the women also highlighted the importance of talking openly with their son(s) about their experiences in order to help them to make sense of these and in order to have a

relationship built upon trust and honesty. However, they were also aware that this needed to be at a level appropriate to the child's understanding.

Michelle: trying to sugar coat everything. Erm cos I know I was doing that for the kids, to not scare them, but in another way I think Ben was acting out because I wasn't telling him what was going on and he was getting confused.

Steph: And it's made me think like that as well and especially I'm determined to get this over before he understands anything that's going on and I hope to think I'd never tell him until he's old enough to, I don't know I might not tell him I'm not too sure about that yet. I'm just going to see what sort of little boy he is when he grows up that understands that sort of stuff I just don't want him being that sort of person.

Julie: He's witnessed a little but I've tried to you know make sure that I've tried to make sure it doesn't affect him I don't know if it has I always sit down and talk to him you know same his dad I sit down and talk to him and say if you ever want to talk about anything.

'Second chance' relationship with son now

Out of a context of DV the women described their relationship with their son(s) as being different and were able to experience joy in their relationship with him. For four of the women this was with another son (or in one case twin daughters) following their other children being taken into care. For others this was developing a 'stronger' bond with their son(s) out of the context of DV and once they had 'worked' on his behaviour. This new found confidence and joy in mothering appeared to be as a result of services (and family) supporting this mothering role.

Angela: With Craig, sorry, with Alex it's completely different it's like it's a whole, brand new experience for me…. But I did put Sarah first [above her son] but now that I've had Alex it's given me that second chance with him.

Danielle: It's an absolute joy to be honest it is.

Michaela: I never thought that it was possible to love someone as much as that.

It also seemed that not needing to be preoccupied with the perpetrator also allowed the women to enjoy mothering much more.

Jane: Well I've been able to play with him when I want to, I've been able to hold him, give him comfort when, when I think he needs it and not when and not when I'm being told to do it, er... I've been able to feed him when he needed feeding, you know get up with him, do, do all the things that a mother should do.

Jo: It's really good now, really really good. We just, we click now. Now he's not in the picture, it's a lot better than it was.....

The women were also able to recognise the importance of their role as a mother and their efficacy. As discussed previously many of the mothers felt low and worried in a context of DV and were not confident in their ability to parent effectively.

Angela: And that's the biggest thing I've realised, he needs me more than anything and now that I've got stronger I can do that, I can be there for him, I can be the mum that he needs me to be.

Steph: It's amazing it's so nice. Just to see him smile at you in the morning and know that you're doing everything it's really nice. Yeah it's lovely.

The women spoke very highly of the services that they had received in this area compared to other areas and particularly talked about how the Children's Centre had provided non-judgemental support that had enabled them to develop their relationship with their son(s) and gain knowledge about developmentally appropriate behaviour.

Angela: Talking mums (Children's Centre Group) has finished for me. I was going since Alex was about.. 5 week old we left, we stopped going last week, this was our last week. It was hard, but I didn't cry (laughs) but Gemma's (CC staff member) been an amazing person. If I've needed her help I've asked her advice, Lesley (CC staff member) were brilliant they both were extremely, really good. I've been to treasure baskets (CC Group) with Alex, I went to baby massage and it's been more helpful over here than I've ever had the help in [town]. Ever and it's made me more confident, it's made me want to go to (incomprehensible) with him, be protective with him and now I'm going back to basics with him it's good because I've seen him doing his own thing, I'm seeing him making friends and I've got friends around

me. I'm going to see a counsellor in a few week, well a few days to tell her what I've been through and what's happened with Daniel and everything.

Jo: Supporting relationship with son too… She's (CC staff) been really good, she's been working on relationships and stuff like that erm which is helpful for me. Erm I'm working with someone from [service name] as well, she's doing a lot about relationships as well and how I can spend more one to one time with Brian. Erm cos he's quite a needy child, he's two and a half so he wants my attention all the time, so yeah she's helping that, helping us sort of, she got us our tickets for the circus and that so I can sort of spend that time with Brian away from Paul and Matt erm. So yeah they have helped..

Overcompensating

Despite feeling that their relationship with their son(s) was much stronger than before the women also talked about feeling like they are overcompensating. For some this was when they had lost previous children to the care system and for others it was in response to their son(s) being 'impacted' by the DV and wanting to continue to protect him. This overcompensation was possibly in response to feelings of guilt, particularly for those that have children in care, and being unable to protect those children.

Danielle: overcompensating for the other children because I've not been there for the other children I feel like I'm too there for these children. [The twin daughters that are in her care].

Angela: He's not been without me for 11 months. I've kept him by my side for 11 months; I've been the most protective mother I could be with him. Because of what's happened with my other children…. So in a way I'm glad I've done that, but in a way I'm not because he's very clingy with me.

This was also related to putting in boundaries or 'disciplining' their sons which was perhaps in slight contradiction to wanting to teach their sons right from wrong. Although this was possibly about knowing how to put in place boundaries without 'shouting' as Angela talked about and a need to have effective parenting strategies based on positive discipline. This was potentially also about a fear of aggression from their son(s) if they put in boundaries.

Angela: Now that Alex's here, I've had him since birth, he's not spending one night away from me. I've just felt overprotective with him, like if anyone hurt him I'd, I don't know what I'd do, I'd probably go mental. If he's.. I don't even let his dad tell him off, I don't even let Daniel shout at him and I've had to, I've had to let go a bit and let him do that. It's working but it's in progress, it's working progress but yeah Alex is a major thing for me, like I feel like I need to protect, not let any harm come to him, not even arguing in front of him. I hate doing that. But yeah Alex's my big chance now to stay like I am, because I've grown with him.

Jo: because of what I went through with his dad, I just sort of wanna comfort him all the time and I don't know it's weird, I sort of let things slide a lot (laughs) that's alright don't matter.

A couple of the women also talked about their son (usually the eldest) being the 'man of the house' now which appeared to be a slight blurring of roles.

Julie: But me and Kyle have got this bond we were more like husband and wife people used to joke some of my friends used to joke in [town] 'oh you two are like husband and wife' because I think he he is very old for his age.

3.5 Reflecting on the impact of DV

This category relates to a process that runs alongside the core category and is something that was developing as the women completed their journey through the cycle. It appeared that realisation of the impact of DV on the son(s) and further reflection on this occurred as women were ending the cycle of violence and is likely to be a process that continues. Some of the interview material suggested that the women were continuing to reflect in the context of the interviews.

All the interviews took place after leaving the relationship but it appeared that some of the women were able to reflect more than others on what it might the experience might have been like for their son(s) and how this impacted on the mother-son relationship. This did not seem to be directly linked to the amount of time out of an abusive relationship, but appeared to be connected to the experiences in the birth family, the severity of abuse and time spent in

abusive relationships. Reflecting was often in response to spending time thinking and talking in therapy or with friends and family. It is likely that this process of reflection is not linear and some of the women appeared to oscillate between denying any impact to a realisation of the impact along with feelings of guilt.

Denial of any impact

There appeared to be difficulty in processing or thinking about the impact on sons of witnessing DV while still in this context, as indicated by the way the women talked about things in hindsight. For example, Michelle recognises that her son might have thought it was ok to hit her because he was witnessing the perpetrator doing this.

Michelle: But I think, looking back it, it was happening you know in the house so kind of that's ok.

For some there is still a 'denial' or a wish that their son was protected from witnessed anything. It appeared that it was difficult for some of the women to recognise the experience as potentially traumatic for their son(s).

Danielle: I don't think he'll be affected by it too much cos I don't think you have any memories until you're about 3 anyway do you so erm hopefully he's not affected by it too much. Hopefully he won't be a perpetrator of DV.

Julie: I don't think so because I tried to hide my feelings from him.

As discussed earlier some of the women were still preoccupied with talking about their trauma experiences in the interviews which may have been related to not having processed these experiences or could be interpreted as a wish to avoid thinking about the impact on their son(s).

Some women also found it difficult to connect their son's aggression or other behaviour with what they had witnessed, instead viewing it as a characteristic of him.

Jane: And I says you don't know Ryan, I says Ryan can be really nasty and violent when he wants to be. I says you know he's a bit like his dad, he's a bit like Jekyll and Hyde and that like, you know if he's in a good mood he's in a really good mood when he's in a bad mood you don't want to be in the way of him.

Realising the impact- Guilt

Some of the women went through a process of acknowledging that their sons witnessed the abuse, and the impact that this had on them, whilst also acknowledging their own difficult feelings they held towards their sons. This process appeared to induce feelings of guilt indicated by lots of pauses and stuttering, for example when describing her relationship with her son Danielle says:

(overlap) not good really erm not good erm I really don't know I don't know how to describe it erm just it would be horrible really for a child wouldn't it erm just distant yeah.

When talking about how she didn't bond with her son and then about how she feels it has impacted on him in the long run Julie says:

Julie: erm.... I I don't know I can't remember a time where I didn't not like Kyle I, I just I don't know.

Julie: I'd be like oh my god you you (stutters) he's just so old for his age but he is just he is my best friend he's he's everything to me.

At this point in reflection the women did not just say that things were 'all good' but they are not able to think about this for very long, it appeared to be a very painful process.

Moving to reflection

Four of the women were able to reflect in detail on their son's experience of witnessing DV, although the other interviews contained moments of reflection. With the exception of Michaela who has engaged in lots of therapy and 'worked on herself' Michelle, Jo and Steph all kept their sons in their care and left the violent relationship earlier (Steph's son was only 4 months old and did not witness any DV). This could explain why it was more 'bearable' to think about their son's perspective and the impact that it had on them. These women were also potentially further along on their journey of making sense of DV.

At this stage the women were able to recognise the impact of DV on their son(s) and connect their behaviour up to what they have witnessed as opposed to saying 'he's just like his dad'. This has enabled them to realise that it is not inevitable that he will become a perpetrator of DV. For example, Jo was able to recognise the impact on her three year old son, whereas Danielle previously thought that her three year old would not have any memories of the DV.

Jo: Erm he hasn't said anything about it, erm but I think he is aware. I think he does realise because of how his behaviour was up until we started working with him. Erm so I think he does know, I think he's seen what's gone on and he's thought that that's ok. Erm yeah even though he hasn't said nothing I don't think he forgets I think he knows.

These women also recognised their son's confusion that they would have experienced when witnessing DV but being expected to behave in a different way.

Michaela: So and he er refused to say sorry and I had to explain to him that that sort of behaviour isn't normal so but it must be hard for him to expl like to understand that rather when that's what he's seen as he's grown up.

Michelle: It was hard for me to let him know that hitting his sister or hitting me was not the right thing to do because the next day or hour James would come round and do exactly the same thing that he was doing. So it was really hard for me to try and tell him that you know it's wrong.

Michaela highlighted how she is now able to ‘step into her son’s shoes’ which is something she felt unable to do with her previous three children and related this to her experience of mothering being less stressful now.

Michaela: That will be the happiest day of my life but now I do sort of think oh poor little mites in pain it must be horrible but I didn't with the others it was just like oh I wish you'd shut up sort of thing but I have more understanding now you know it is because he's in pain if I was in pain I'd be screaming so therefore its' looking at it in their eyes.. I mean putting myself in their shoes as you said mm.

Discussion

4.1 Chapter Overview

This chapter will summarise the results of this research placing the findings into a context of existing literature. The quality of this research will then be appraised considering both the limitations and contributions that it makes. The clinical implications and implications for future research are discussed and finally the research process is reflected on considering the impact on the researcher and the potential impact on the research participants.

4.2 Summary of results

The analysis of the interviews suggested that the women viewed DV as being a cycle and 'inevitable', albeit to varying degrees, dependent on early experiences etc. Their relationship with their son(s) and the impact on this relationship appeared to be dependent on where in this 'cycle' they were. Whilst in the abusive relationship the women were preoccupied with the partner and some women experienced difficulty bonding with their son(s). Mothering was a burden in the context of DV. For some the difficulties in mothering continued or increased once they had left the abusive relationship and became a single parent; particularly as sons continued to 'copy' the perpetrator. For many of the women this resulted in children being taken into care.

Ending the cycle of violence included staying out of relationships as well as teaching their son(s) 'right from wrong'. Many of the women had a 'second chance' either with a new son following removal of children into care or out of the context of violence, although some women also discussed 'overcompensating' in this relationship.

Reaching this point involved mothers reflecting on their own experiences and often involved the support of services providing support (both practical and providing a thinking space). Mothers were able to reflect on their son's experiences (of witnessing DV) to varying degrees and this was associated with feelings of guilt and shame.

The interviews enabled the research question to be answered and highlighted the complexity and difficulties experienced in women's relationships with their son(s) in a context of and after DV. However, the women also spoke of their joy and strength of the relationship out of this context and the hope that 'he will be a better person than his dad was' that had clouded their relationship previously.

4.3 Fitting the results into the existing literature

This section aims to fit the results of the analysis into the current literature, including the theoretical perspectives described in Chapter 1. There is no other qualitative research that focuses on the mother-son relationship in the context of DV but the qualitative papers on mothering through DV (see metasynthesis in section 1.9) will also be discussed. Some of the themes from this research were similar to the metasynthesis, for example the extreme challenges that the mothers face in trying to raise their children in a context of DV and the partner's attempts to control this relationship. However, the research also adds to our understanding by considering how the women viewed DV as being a cycle and how this impacted on their developing relationship with their son(s).

4.3.1 Abuse is an 'inevitable' part of relationships

Many of the women said that they thought abuse in relationships was 'inevitable' and this finding fits into many different areas of literature discussed in Chapter 1. Psychoanalytic literature (Freud, 1960) described how the 'model' or expectations for a relationship, based on the relationship with the caregiver(s), are 'transferred' onto future relationships. Freud was also the first to describe 'repetition compulsion' a concept that describes how an individual may repeat their previous traumatic experiences on an unconscious behavioural level (1914a; 1920). Bowins (2010) described how traumatic experiences are met with a dissociative defence or 'cutting off' of feelings about traumatic experiences which can lead to this unconscious repetition. This is a process that the women referred to that they went from 'one abusive relationship to another' without being able to think about why they were vulnerable to this type of relationship or that they might be able to expect something different from a relationship. It was only when they had been able to process their earlier traumas that they were able to end the 'cycle of violence'. For the women in these interviews having different expectations about what is acceptable in relationships, based on their earliest relationships, likely enabled them to leave abusive relationships at different points.

Goldner et al. (1990) also discussed the role of family scripts about what it means to be a 'man' or a 'woman' and how they found that couples in abusive relationships had strict ideas about gender identity. This theory can help us to think not only about the abusive 'couple' relationship, but also how some of the women expected that it was 'inevitable' that their sons would go on to be abusive too. This research also found that pregnancy was a salient time for the start of violence and Cudmore (2009) described this as a time that the father is feeling excluded from the mother-baby relationship and may use aggression to manage these feelings of exclusion and potentially to regain the mother's attention.

L'Abate (2009) also discussed the drama triangle and how initially a partner can be seen as a 'rescuer' from previous difficult family relationships and some of the women described feeling unloved in their birth family and initially thinking that their relationship with their partner was a good one, perhaps even idealising this relationship. This, along with psychodynamic and attachment theory, can help us to think about can help us to think about what led these couples to get together, for example Dutton and colleagues highlighted that male perpetrators of DV are more likely to have fearful and preoccupied attachments and seek a partner to attempt to meet their unmet needs (Dutton, Saunders, Starzomski & Bartholomew, 1994).

4.3.2 Bonding/preoccupation

Winnicott (1956/1960) suggested that the infant only exists in the mind of the mother and described the 'primary maternal preoccupation' where the mother is 'stirred up' emotionally by the infant in order for her to attend to the infant's experience and try to understand it. The women in these interviews described how DV interrupted this process and instead there appears to be an understandable preoccupation with the partner. Winnicott describes how this process begins as the woman begins to notice changes in her body and it was interesting how one perpetrator began to abuse his partner when she was four months pregnant and would have begun to 'show' and perhaps become increasingly preoccupied with her unborn child. Perhaps these physical changes in her body are also a reminder to the partner of his exclusion from this new relationship.

Because of the traumatic nature of DV it is also responded to defensively by dissociation and a 'numbing' of emotions; again this is likely to interfere with the mother's ability to be 'stirred up' by the infant as she attempts to manage her traumatic experiences. The women in

the interviews also described how they used alcohol and drugs in an attempt to further numb the painful feelings experienced in relation to the DV. This focus on 'survival' was also discussed in the papers in the metasynthesis (section 1.9) and is completely understandable in the context but can help to explain some of the women's difficulties in bonding with their infants.

Piontelli (1992) also discussed how attributions are made about an infant before they are even born and gender may play a key role in this. Connecting this to the strict gender expectations described by Goldner et al. (1990) enables us to think about how attributions may be made about what a boy 'will be like' before he is even born based on family scripts about what men are like. For some of the women the very idea that they were having a boy made it difficult to bond with them as they already expected him to be abusive, some may even blame their infant for 'ruining' their happy relationship with their partner (Piontelli, 1992; Waddell, 2002).

4.3.3 Maternal 'mental health'

Nearly all of the women in the interviews received a diagnosis of postnatal depression (PND) while in a context of DV. This highlights that the 'pathologising' of female victims of DV discussed in Chapter 1 appears to still be prevalent within services (section 1.5.1). This view of victims of DV was critiqued heavily as being blaming of female victims and assuming that they take a passive stance towards DV. The women in this research appeared to accept the 'labels' that were applied to them and this may have increased their feelings of guilt about finding it difficult to bond with their children, as they may have assumed that there was something 'wrong' with them and minimised the context in which they were in. Theories of PND highlight the biological and hormonal changes that women go through when they have

given birth but also the social circumstances that they are in and the level of support that they are receiving (Milgrom, Martin & Negri, 1999). It is not surprising given the abuse they were experiencing and the lack of support in raising their children that these women felt low and worried and the ethics of prescribing medication to these women without acknowledging and highlighting the extremely difficult social circumstances that they were in could be questioned. Boyle (2007) has highlighted that emotional distress is an understandable reaction to adverse circumstances and that diagnoses place the attention on the 'vulnerability' of the person and not the environment.

4.3.4 Sons 'copying' the perpetrator

The 'Ghosts in the nursery' literature describes how some women may project the role of abuser onto the son. This can explain why the women view it as being 'inevitable' that he will also become abusive, but also how the son can then 'take up' or identify with this abusive position. The women described how witnessing DV could lead to their son 'copying' the perpetrator and the use of projection could be evident in the language that they used to describe their son(s), for example when talking about her baby son one mother said 'because he was a man' or describing the son 'as if' he was the perpetrator e.g. 'he was verbally abusive to me' or finally the strong projective imagery that one mother used, 'women shouldn't see their sons as animals to abuse them'. The women were able, to differing extents, to see aggressive behaviour as a developmentally appropriate response to trauma (see section 3.5).

Like with Goldblatt and colleagues (2014) the mother-son relationship often became more difficult before it improved and in some cases was 'unrepairable'. For those who had their children taken into care their relationship was as 'good as it could be' given the

circumstances. We could also wonder about the continuation of the cycle as the women feared that these sons had already taken on a role of being a 'perpetrator', identifying with the aggressor and the gendered roles in the family. I wondered if this was particularly the case for the eldest son in the families, perhaps they were more susceptible to maternal projections.

The mothers highlighted a difference in their sons' and daughters' response to witnessing DV, describing that sons were more likely to 'copy' the perpetrator and girls were more likely to 'shy away' from violence. Quantitative research (section 1.8.4) had evidenced this finding to different extents. Older research found that boys displayed more externalising behaviour in response to witnessing DV (Hester el al, 2007), whereas later research did not find a difference between boys and girls responses to witnessing extreme DV (McGee, 2000; Mullender et al, 2002). It may be that a girls' and boys' response to witnessing DV is interpreted differently by the mothers, based on their projections, and there are no 'objective' behavioural difficulties. For example, boys expressing any level of aggression, may be interpreted by mothers as being 'dangerous' and aggressive behaviour may be noticed more than internal responses, e.g. problems sleeping.

4.3.5 Reflecting on the son's experience

As other researchers have found (Stephens, 1999; Goldblatt et al, 2014; Swanston et al, 2013; Haight et al, 2007) the women in this study found it difficult to reflect on what their son(s) had witnessed while in the context of DV. The women were understandably preoccupied with the perpetrator and focusing on safety. Literature has highlighted that traumatic experiences 'shut down' the ability to reflect or mentalise as the brain focuses on survival (Fonagy et al, 2002; Lemma, 2003; Perry, 2006).

Literature about repetition compulsion also suggests that the cognition and affect about traumatic events are kept separately, as a defensive strategy, which means that individuals can be quite 'black and white' in their explanations (Bowins, 2010). This was noticed in the interviews, with some of the women saying that their relationship with their son(s) was fantastic while simultaneously talking about extremely difficult interactions without connecting the two together.

This defensive strategy is likely to be adaptive in the traumatic situation but can mean that mothers are quite 'shut off' from the distress or trauma that their son is experiencing and they are left alone to try and manage their distress (Emanuel & Brady, 2008; Perry, 2006). McIntosh (2002) also noted that the absence of a 'thinking' parent can be as damaging to an infant as witnessing DV. On realising what their son(s) had witnessed the women experienced feelings of guilt and then possibly tried to overcompensate in this relationship, in order to manage these feelings. Therefore interventions that focus on reflecting on the infant's experience are crucial (section 4.5.5).

Bion (1962a; 1962b) described how the mother's attention to her infant's distress and attempts to contain and make sense of this enables the infant to begin to give meaning to events and begin to 'link' things together, for example 'if I am hungry my mum will feed me'. Ideally the role of the father is to act as a container for the mothers own needs in order for her to contain and think about the infant's emotions. In these interviews the women suggested that not only was the perpetrator absent in his role as father but they were actively 'attacking' thinking by abusing both the women and the relationship that she had with her son(s) and reducing her ability to protect.

Zosky (1999) highlights the primitive strategies that perpetrators of DV use to manage their fear of intimacy, for example splitting unwanted parts of the self into their partner and

viewing their partner's role as to meet their needs. Without good internalised objects there is also a tendency for the individual's sense of self to 'fragment' quite rapidly, for there to be a sense of 'rage' about earlier unmet attachment needs and in conflict situations an inability to manage their emotions effectively. These relationships are also characterised by an 'as if' quality where interpretations of current situations are distorted by past experiences (Lundberg, 1990). This was evident in these interviews, for example when the perpetrators expected the women to abandon them either to another partner or to their child.

These primitive strategies are likely to have a 'mad making' effect as the violence is often not in response to any behaviour from the women themselves but on projections from past relationships; therefore any of her attempts to predict the violence or change her own behaviour are likely to be unsuccessful. This in association with the victim blaming that many of the women experienced can help us to understand the impossible situation that the women were in and how difficult it would have been to reflect on the son's experience.

4.4 Methodological appraisal

4.4.1 Research contributions

There is no qualitative research to date that focuses specifically on the mother's experience of her relationship with her son(s) in a context of DV. Therefore this adds to previous qualitative research that focuses on the experience of mothering through DV and the mother-child relationship in this context. This research was able to add to the metasynthesis by focusing on the impact of DV on the mother-son relationship, and what helped this relationship, allowing a contribution to clinical practice.

The women were able to be very frank and honest in the interviews about their more difficult interactions and feelings towards their sons in a context of DV. It is hoped that this was

something to do with the interviewer's non-judgemental stance and interview style. Although of course this could also be attributed to the bravery of this particular group of women and the non-judgemental services they have received in this area. This research allowed these often marginalised women a voice and the opportunity to hopefully make some clinical changes to services for other women that come into contact with them. It is hoped that the interviews in themselves may have been a useful experience for the women (as discussed in section 4.7.2).

The interviews, transcription and analysis were all completed by the researcher enabling her to fully engage in the interview process and transcribe after each interview. The analysis was completed over a lengthy period of time to avoid under analysing or jumping to interpretations. Careful thought was given to methods of ensuring credibility in qualitative research and lots of different sources were consulted in order to think about this effectively. As highlighted in Chapter 2 memos and reflective notes were made as the researcher thought about the research ensuring a transparent research trail and an example of this was provided in the appendices. Numerous quotations were also utilised in Chapter 3 in order to enable the reader to decide for themselves whether the themes make sense and appear to be salient. It is hoped that the write up of the research and the use of quotations also resonates with the reader and allows them to emotionally connect with the women interviewed. The women and the context were adequately described in order to give the reader a sense of the sample. The research questions were also developed in a truly iterative way based on what was coming out in the interviews and these adaptations are discussed in Chapter 2 (see appendices 8 and 9).

4.4.2 Limitations

Theoretical sampling

Due to ethical and time constraints it was not possible to use the process of theoretical sampling in order to recruit participants. This was also a very specific population that was being targeted and 8 women were interviewed who were available within the service that met the research criteria. However the women were all different in terms of how many children and abusive partners they had, how long they were with the partner/s etc. therefore it was possible to compare the interview material and think about differences both within and between the interviews.

Lack of diversity in the sample

The participants were all recruited from a seaside community in the East of England and therefore arguably there is a lack of geographical diversity in the sample. However, this study did not aim to come up with a generalizable theory that would necessarily apply to all women but aimed to tell a story about a particular group of women, although it could be applicable to other women with similar demographics, from low socioeconomic backgrounds in rural communities. Many of the women in the sample did not grow up in this area but moved here in order to move closer to family that had moved to this area or settled here for other reasons; however, they all spoke highly of the services they had received in this area in particular.

Sample size

It had been hoped that 10-15 participants could have been recruited in the time available; however, this was not possible. Sample sizes in GT research are dependent on the specific piece of research and how quickly data saturation or sufficiency is reached. This research aimed for data sufficiency as this is arguably more accurate as some researchers would argue

that data saturation can never fully be achieved (Dey, 1999). However, there are some generic guidelines for sample sizes for GT research. For example, Creswell (1998) suggests 20-30 participants are usually required for data saturation. However, Guest, Bunce and Johnson (2006) suggest that when a homogenous sample is sought 6-8 participants is adequate. As discussed this research was targeting a very specific population of women who are therefore likely to be a homogenous group in many respects; therefore it is the researcher's view that data sufficiency was achieved. The interview material also enabled an in depth exploration of the main concepts that came out of the analysis.

The researcher would have liked to go back to the women and complete 'credibility checks'. As discussed in Chapter 2 the epistemological position of the researcher means that the results are viewed as being an interpretation of the data and therefore the women may not have recognised their own story within the overall interpretation. However, on reflection it would have been ethical to go back to the women and gain their views. A summary of the results will be sent to the women and if the research is successfully published a copy of the research paper would also be sent to the service to share with the participants for their interest.

It may have also been beneficial to extend the inclusion criteria as these were potentially limiting. For example the age range of the son of approximately 0-5 was selected because of theoretical knowledge about this time period and the salience of this period in the development of the mother-son relationship. This also fit practically with recruitment from the sites. However, many of the women also talked about older children and mothers could have talked about their sons retrospectively. The study included a woman who was actually abused by her partner's brother, although this felt like it fit within the realm of DV because he was living in the family home and her partner was witnessing and not responding to the abuse and was therefore complicit.

4.5 Recommendations for clinical practice

I believe that this research has many implications for clinical practice both within the services that the participants were recruited from and more widely on a policy level.

4.5.1 Wider discourses

The research highlighted that women experiencing DV are still 'pathologised' or blamed to a certain extent, as indicated by the fact that most of the women that participated in this research received a diagnosis of PND etc. While some people may find receiving a diagnosis a helpful process, it seems feeling low or anxious in response to experiencing DV while pregnant or having a new baby is an understandable reaction and therefore one could question the utility of a mental health diagnosis at this time. This also has the danger of placing the blame 'within' the mother and thus leading her to feel guilty for not living up to an 'ideal' of what a mother should be. When I use the term mental health to describe the women's experience in Chapter 3 I do not do so in a diagnostic way but rather to highlight that everyone has 'mental health' that can be impacted negatively by life events (Awenat et al, 2013; Boyle, 2007). It may be that the women did not disclose that they were experiencing DV to services at the time of diagnosis and there still appears to be a stigma about talking about DV. For some women there was also a fear about acknowledging DV in case services blamed them and removed their children. When clinicians are diagnosing PND it is recommended, following this study, that they enquire about whether there has been any experience of DV or other stressful life events.

The diagnostic labelling of the women in this research also fails to acknowledge the impact of psycho-social factors on the parental-infant relationship (Baradon et al, 2005). For example, these women were often living away from family support and/or had difficult birth

family relationships and were living in financially deprived situations. One could argue that this is used for political reasons, for example to place the blame in individuals that need to be 'fixed' and not to acknowledge that there are wider social and political injustices that need attention, for example increased social housing. As discussed in Chapter 1, although emotional abuse was not related to social deprivation severe and enduring physical abuse was more prevalent in a context of limited socioeconomic resources (Khalifeh et al, 2013). Khalifeh et al. (2013) suggest that interventions should be targeted at communities.

This highlights the role that Community Psychology ideas might play in getting together groups of women going through the same experiences, which can help to reduce the individual sense of blame and acknowledge social realities and injustices (Williams & Lindley, 1996; Davey, 1996; Hagan & Smail, 1997). This appeared to be part of the role that the Children's Centre played for the women and they spoke passionately about helping other women going through similar experiences.

4.5.2 Psycho-education

As discussed in Chapter 2 the definition of DV that was given to the participants, when introducing the research project, was changed after the initial interviews to highlight controlling and verbally abusive behaviour as part of DV. This enabled the participants to recognise different aspects of abusive relationships and highlighted how clear we need to be about what is abuse. This can allow women to recognise abuse earlier and feel more able to seek support. We need to consider how we talk about DV in services, how we are educating young people about what is abuse and providing strategies for what to do if you are being abused. The women spoke highly about receiving services that provided psycho-education

about what is DV, for example the voluntary service and the Freedom Programme, and this appeared to help them to end this cycle.

It may also be useful to provide gentle psycho-education on the impact on (even very young) children that could help women to make an informed decision about what would be most helpful for their son(s) having a father or having a single parent family without violence. Of course this is not suggesting that is simply that easy to leave but additional information is nevertheless of benefit. It can be hard to recognise any impact as children do not often talk about what they have witnessed while in the context of DV and many of the signs are behaviours that may be displayed anyway because of the developmental age of the child, e.g. trouble sleeping or crying. Women also appear to be less able to reflect on their child's experience while in the context of DV and therefore may require an outside 'observer' to what is going on in a non-judgemental way.

The women also described behavioural difficulties as part of their son 'copying' the perpetrator and also talked about how they found themselves 'overcompensating' in their relationships with their son, for example not putting in any boundaries. It could be useful to provide parenting groups that provide strategies on 'positive discipline', for example using lots of praise, naming a child's difficult emotions and ignoring a child's negative behaviour while enabling them to deal with their emotions effectively. This relates to the women wanting to teach their sons 'right from wrong' including teaching sons how to manage feeling of frustration or anger. For women that are now in a single parent family they are required to take on the 'paternal' functions of boundary setting and the 'maternal' functions and this can be a difficult transition to manage for any single parent, particularly in the context of DV, and when a mother's parenting may have been criticised by her partner.

4.5.3 Discussing gender and roles

The pervasiveness of intensive mothering (Hays, 1996; Douglas & Michaels, 2004) means that different experiences are not always allowed to be voiced. As a society we need to acknowledge the highs and lows of mothering, including feelings of anger, guilt and ambivalence that mothers may have (Peled & Gil, 2011). It could also be useful to talk openly with women who have experienced DV (or may be at risk of) about what it would mean to have a son or daughter. This could include conversations about the expectations and some of the realities of being a mother, for example some of the women thought that having a baby would be like 'having a doll'. Utilising genograms might be a helpful tool for discussing family scripts about gender roles within the family (Dallos & Draper, 2005). If these are openly discussed this can enable mothers to feel less guilty about ambivalent feelings that she may be having towards her unborn or young son and also means that these feelings are more likely to be openly reflected on and less likely to be unconsciously acted out.

4.5.4 Teaching sons 'right from wrong'

The women discussed teaching their sons 'right from wrong' in the context of ending the cycle of violence in order to help their son(s) to be 'better than their dad'. It could be useful for services to provide resources or run groups that aid women to talk to their son(s) about DV and teaching them effective ways to manage their emotions without responding with aggression. This could include emotional regulation strategies e.g. naming emotions for children so that they can begin to recognise them and some physical relaxation strategies that could be taught to children. The resources could include story books and puppets or dolls to make 'talking about it' a bit more removed and therefore potentially easier to talk about (Webster-Stratton, 2005; Humphrey et al, 2006).

These emotion regulation strategies may need to be modelled for mothers who have not had this experience of being 'contained' in their own childhood, and this may also help mothers who find parenting very stressful and provide them with additional tools for managing their own feelings. This could also include providing developmental knowledge to parents so that they have appropriate expectations of children e.g. that their 3 year old son is not 'misbehaving' on purpose but does not have the capacity to regulate his emotions. This would hopefully increase the likelihood that these behaviours are not interpreted as being 'abusive' towards her, but as part of having a typical 0-5 year old. As mentioned in the psycho-education section these strategies and resources could be incorporated into a DV parenting group or could be provided on an individual basis. Discussion about gender could also be built into this acknowledging some potential differences in boys and girls responses but also highlighting their similarities.

Humphreys and colleagues (2006) have previously developed a 'talking about it' pack to help mothers to talk to their children about their experiences of DV and with permission these resources could be incorporated. One of the women in particular discussed the type of 'child friendly' language that could be used in talking about this with children, e.g. using the terms kind and unkind hands.

4.5.5 Developing Reflective functioning in mothers

The results suggested that reflecting on the son's experience was quite difficult for the women particularly in the context of DV, as discussed trauma impedes on this ability to reflect (Fonagy et al, 2002; Perry, 2006). However, being able to reflect on the son's experience is likely to be beneficial for the women to rebuild their relationship with their son(s) and talk about the DV with him and help him to make sense of his experiences. This

could also help the women to recognise their son's trauma response to witnessing DV and interpret this behaviour as being a normal developmental response.

Mentalisation based therapies (MBT) include paying attention to how another person might be thinking or feeling and aim to increase curiosity by acknowledging that the mind of another is opaque (Fonagy et al, 2002). Mentalising has a self and other component and involves the development of attentional capacities and emotional regulation before mentalising is able to be achieved. Therefore the emotional regulation work that is discussed in the previous section (4.5.4) is likely to be useful in developing mentalising capacities. MBT could encourage mothers to wonder about their son's response with a therapist increasing curiosity in order to help the mother to recognise the intentionality of her son's behaviour in trying to gain her attention and be soothed as opposed to attacking her.

Video based interventions such as Video Interaction Guidance (VIG, Kennedy & Sked, 2008) or Video-feedback intervention to improve Positive Parenting (VIPP, Klein Velderman et al, 2006) can also increase reflective capacities as they highlight positive interactions between mothers and their infants. A similar intervention is discussed by Schechter et al. (2008, Chapter 1) who have found these interventions helpful in allowing mothers to interpret their child's behaviour in highly stressful (or emotionally dysregulating) situations.

4.5.6 Providing containment

The women also highlighted a need for services to provide a containing function (Bion, 1962a; 1962b) in order to for them to provide this to their young sons. Providing a containing and safe space will also allow therapeutic work focusing on reflection to take place.

Lieberman et al. (2005a, 2005b) highlighted the importance of therapy focusing on uncovering 'angels in the nursery', benevolent care-giving experiences, so that the parent may be able to identify with a more positive model for caregiving. They found that parents that could access these experiences were better able to alleviate their infant's distress. The containing role of the therapist can also be internalised providing a template for how a relationship 'should be' as some of the women discussed. Providing containment appears to be particularly important for the women who have not had this experience in childhood and have little 'internal resources'.

Malone et al. (2010) also discussed how the type of representation that a mother has of her infant (whether distorted or disengaged) has implications for the type of intervention that would be most successful. For example, women with distorted relationships may engage in 'role reversal' where they place unrealistic demands on their infant in order to meet their own attachment needs and Malone et al. (2010) suggest that these mothers may benefit more from being contained and having practical, 'concrete' support provided. Whereas mothers that are more disengaged may need to be helped to get in touch with more emotion and might perhaps benefit from a VIG or VIPP type intervention. Therefore it may be useful for services to assess the type of representation and expectations that mothers have of their infants in order to think about what intervention could be best offered.

4.5.7 Recommendations for social care

The women reported mixed experiences of working with services, particularly social care, and this was possibly dependent on the 'attachment' type of the mum and the relationship that they had to help, which changed over time. For example, those that were compliant with services requests were treated in a more supportive way, where as those with a more

ambivalent relationship to services were potentially seen as being more 'difficult' and less able to protect their sons. Unfortunately those with more difficult relationships with services were probably those that most needed support and those that appeared to have been 'let down' by services. Considering the drama triangle (L'Abate, 2009) we could also consider that services initially viewed themselves as being rescuers but the women could potentially view them as being persecutory, fearing that they would take their children into care. This mismatch could possibly leave services feeling frustrated with the women for not leaving.

The women highlighted how difficult and conflictual leaving the relationship was and therefore formulating with social care teams about why women stay in abusive relationships (while trying their best to protect their son(s) may be helpful to increase empathy and understanding about the situation. Discussing research that suggests leaving the abusive relationship is the most dangerous time for the women could also be useful.

The women also highlighted that things did not immediately improve, and in some cases leaving led to increased difficulties in the mother-son relationship. Services should therefore put into place intensive resources around mothers during this critical transition period, including strategies to support positive discipline and therapeutic interventions.

Some of the women also hoped that they could get their family back together when things were 'safe enough' to do so. However, one woman reported that social services had told her that she would never be able to be in a relationship with her ex-partner. The women's desire to have a happy family should be acknowledged and services should work with both the victims and perpetrators to see if there is a way forward and if the perpetrator does have capacity to change as Goldner and colleagues (1990) and other systemic therapists have done.

Finally picking up on DV earlier in services is crucial as early intervention appeared to lead to there being less of an impact on the mother-son relationship. This would not only require

increasing awareness of DV (as discussed above) but also addressing the fear that women have about asking for help from services. Services need to work on providing non-judgemental support and encouraging women to ask for help earlier.

4.6 Recommendations for future Research

This research study is from the perspective of mothers of young sons focusing on the mother-son relationship in a context of and following DV. There are many ways in which this research could be expanded upon, for example using the research questions to interview more women with different ages of sons and at different time perspectives. For example, all of the women interviewed in this study were no longer in an abusive relationship. It would be interesting to consider whether women interviewed a year after, two years after, five years after etc. differed in how they talked about their relationship with their son(s).

This research could also be developed to include observations of the women interacting with their sons in order to add to the theoretical development and consider how these things play out in their interactions, e.g. interactions during stressful moments to tap into more traumatic material and when projections are likely to be more noticeable. This could be similar to the research carried out by Schechter et al. (2008) but would not be quantified in any way. It would also be useful to interview other people with differing perspectives on this mother-son relationship, for example, staff from services, family members etc.

A qualitative study could also focus on this mother, father and son triad from the father's perspective about their experience of their relationship with their sons or daughters. It would be interesting if they discuss the jealousy and rivalry that I wondered about in these interviews and whether they experience any difficulties in their relationship with sons in

particular. Men can find it difficult to acknowledge their feelings of love for their child as because of gender roles have been taught to 'suppress' their emotions and this may be more complicated for their feelings of love for a boy (The talking cure, 1999), or their intense feelings of love for their child may be overwhelming.

There was also something interesting about the role of the firstborn son, particularly if this was the eldest child, and they may be more likely to be a receptacle for the mother's projections although this was not salient enough to be discussed in detail. Future research could address whether the relationship with the firstborn son is most affected and whether this is where it is most important for clinical services to be directed.

This research did not discuss with the women how they felt about receiving a diagnosis. It could be useful for a piece of feminist research to consider diagnostic labels attributed to women in this context and whether this is experienced by the women as being helpful or not helpful or indeed blaming. It could also consider how a diagnosis is connected to feelings of guilt about not being the 'ideal mother' and finding it difficult to bond.

4.7 Reflective account

4.7.1 The impact on the researcher

This was the first time that I have conducted qualitative research and therefore the process of completing the research was anxiety provoking and challenging. Reading about the methodology was quite abstract and it was only through 'doing' the research that the methodology became clearer. Therefore there were lots of 'if only' moments when it came to reflecting on the interviews and the recruitment process etc. It is likely that this experience is inevitable when it comes to qualitative research and its abstract nature means there are

feelings of uncertainty about whether enough has been done and whether the essence of the interviews has been sufficiently captured by the analysis and the write up of the interviews. I found it challenging to carry out research interviews as opposed to clinical interviews and my primary supervisor encouraged me to probe and prompt the participants more; this different interview style took time to adjust to.

I also felt a lot of personal responsibility to voicing the women's experiences as they were keen to help other women by taking part as discussed in section 4.7.2. This is an area that I am clinically very interested in and something that I believe is far more salient in my clinical work than I had recognised previously. I found the interviews incredibly helpful in my clinical work in thinking how to discuss DV and especially being involved in the Child Protection arena and how to support women through this. For example, by trying to provide an empathic, non-judgemental response and drawing attention to the complexity of the situation e.g. that this is not just a 'perpetrator' but the father of their child and highlighting that it is not easy to leave. The interviews highlighted just how important the idea of a happy family is to these women and how they also believe having a father is beneficial to their son(s).

4.7.2 Possible impact on the participants

The participants were understandably keen to tell their story, with the hope that it will benefit other women who are going through similar experiences and are perhaps earlier on in the 'cycle'. Possibly telling their story also allowed them to recognise how far they had come in their own journey and having somebody that was interested in their experiences may have been therapeutic in some way for the women. I noticed that the telling of their story also allowed the women to reflect on things, particularly in relation to their son's perspective, that

had not been considered before; this may have been both painful and enlightening. Taking part in the research was an incredibly brave thing for the women to do and it is hoped that it was beneficial both to them and will have some impact on a clinical level in the services that the women were recruited from and potentially on a wider level.

4.8 Conclusions

This chapter summarises the results, placing them into a context of existing literature and appraises the quality of this research highlighting both limitations and contributions. The chapter then moves to consider clinical implications, for example, on service policy and how we 'talk about DV' both at a professional level and with sons who have witnessed DV. Areas for further research are highlighted, included qualitative research conducted with fathers of sons who have perpetrated abuse in their relationship. Finally the impact on the researcher and potential impact on the participants is discussed.

References

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Hillsdale, NJ: Erlbaum.

Awenat, F., Berger, M., Coles. S., Dooley, C., Foster, S., Hanna, J., Hemmingfield, J., Johnstone, L., Nadirshaw, Z., Wainwright, T., & Whomsley, S. (2013). *Classification of behaviour and experience in relation to functional psychiatric diagnoses: Time for a paradigm shift. DCP Position Statement.* Leicester: British Psychological Society.

Ball, M., & Niven, L. (2007). *Sure Start local programmes and Domestic Abuse: National Evaluation Report.* Retrieved from: http://www.ness.bbk.ac.uk/implementation/documents/1510.pdf

Baradon, T., Broughton, C., Gibbs, I., James, J., Joyce, A., & Woodhead, J. (2005). *The Practice of Psychoanalytic Parent Infant Psychotherapy: Claiming the Baby*. East Sussex: Routledge.

Belknap, J. (2007). *The invisible woman: Gender, crime and justice*. (3rd edition). Belmont, CA: Thompson Wadsworth.

Bick, E. (1968). The experience of the skin in early object relations. *International Journal of Psychoanalysis, 45,* pp. 484-486.

Bion, W. R. (1962a). *Learning from experience.* London: Heinemann. [Reprinted London: Karnac, 1984].

Bion, W. R. (1962b). A theory of thinking. In: *Second Thoughts* (pp. 110-119). London: Heinemann, 1967.

Birns, B. (1999). Attachment theory revisited: Challenging conceptual and methodological sacred cows. *Feminism & Psychology, 9(1),* pp. 10-21.

Bowins, B. (2010). Repetitive maladaptive behaviour: beyond repetition compulsion. *The American Journal of Psychoanalysis, 70*, pp. 282-298.

Bowlby, J. (1969). *Attachment, vol. 1 of Attachment and loss*. London: Hogarth Press.

Bowlby, J. (1973). *Separation: anxiety and anger, vol. 2 of Attachment and loss*. London: Hogarth Press.

Bowlby, J. (1980). *Loss: Sadness and depression, vol. 3 of Attachment and Loss*. London: Hogarth Press.

Boyle, M. (2007). The problem with diagnosis. *The Psychologist, 20,* pp. 290.

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. London: Sage.

Buchanan, F., Power, C., & Verity, F. (2013). Domestic Violence and the place of fear in mother/baby relationships: "What was I afraid of? Of making it worse?" *Journal of Interpersonal Violence.*

Bunston, W. (2008). Baby lead the way: Mental health group work for infants, children and mothers affected by family violence. *Journal of Family Studies, 14*(2-3), pp. 334-341.

Burr, V. (2003). *Social Constructionism*. (2nd Edition). East Sussex: Routledge.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through Qualitative analysis*. London: Sage.

Contratto, S. (2002). *A feminist critique of attachment theory and evolutionary psychology*. In Ballou, M., & Brown, L. S. (Eds). Rethinking mental health and disorder: Feminist perspectives. pp. 29-47. New York: Guildford.

Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing Grounded Theory.* (3rd Edition). United States of America: Sage.

Cornell, C. P., & Gelles, R. J. (1982). Adolescent to parent violence. *Urban and Social Change Review, 15,* pp. 8-14.

Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions.* Thousand Oaks, CA: Sage.

Crittenden, P. M., & Landini, A. (2011). *Assessing adult attachment: A dynamic-maturational approach to discourse analysis*. New York: Norton & Company, inc.

Cudmore. (2009). *Forging the missing link between couples, parents and children in an under 5s service.* (Unpublished paper).

Dallos, R., & Draper, R. (2005). *An introduction to Family Therapy: Systemic theory and practice.* (2nd edition). Maidenhead: Open University Press.

Davey, B. (1996). Upbringing and Psychosis: An afterword. *Changes, 14*, pp. 50-61.

Davies, L., & Krane, J. (2006). Collaborate with caution: Protecting children, helping mothers. *Critical Social Policy, 26,* pp. 412-425.

DeBoard-Lucas, R. L., & Grych, J. H. (2011). Children's perceptions of intimate partner violence: Causes, consequences, and coping. *Journal of Family Violence, 26*(5), pp. 343-354.

Department of Health (2013, June 24). Guidance for health professionals on domestic violence. Retrieved from: https://www.gov.uk/governemnt/publications/guidance-for-health-professionals-on-domestic-violence

Dey, I. (1999). *Grounding grounded theory: Guidelines for qualitative inquiry*. San Diego, CA: Academic press.

DeVoe, E. R., & Smith, E. L. (2002). The impact of domestic violence on urban preschool children: Battered mothers' perspectives. *Journal of Interpersonal Violence, 17*(10), pp. 1075-1101.

Dobash, R. E., & Dobash, R. (1979). *Violence against wives: A case against the patriarchy* (pp. 179-206). New York: Free Press.

Dobash, R., & Dobash, R. (2000). *The politics and policies of responding to violence against women*. In Hanmer, J., Itzin, C., Quaid, S., & Wigglesworth, D. (Eds.) Home truths about Domestic Violence. London: Routledge.

Dobash, R. P., Dobash, R. E., Wilson, M., & Daly, M. (1992). The myth of sexual symmetry in marital violence. *Social Problems*, pp. 71-91.

Dominy, N., & Radford, L. (1996). *Domestic Violence in Surrey: Developing an Effective Inter-agency Response; Final Report*. Roehampton Institute.

Douglas, S. J., & Michaels, M. W. (2004). *The Mommy Myth: The Idealization of Motherhood and how it has undermined women.* New York: Free Press.

Dutton, D. G., Saunders, K., Starzomski, A., & Bartholomew, K. (1994). Intimacy-anger and insecure attachment as precursors of abuse in intimate relationships. *Journal of Applied Social Psychology, 24*, pp. 1367-1367.

Dutton, D. G., & Corvo, K. (2007). The Duluth model: A data-impervious paradigm and a failed strategy. *Aggression and Violent Behavior, 12*(6), pp. 658-667.

Edenborough, M., Jackson, D., Mannix, J., & Wilkes, L. M. (2008). Living in the red zone: the experience of child-to-mother violence. *Child & Family Social Work, 13*(4), pp. 464-473.

Ehlers, A., & Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour research and therapy*, *38*(4), pp. 319-345.

Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, *38*(3), pp. 215-229.

Emanuel, L., & Bradley, E. (Eds.) (2008). *"What can the matter be?" Therapeutic interventions with parents, infants, and young children.* London: Karnac.

Eriksen, J. R., & Henderson, A. D. (1992). Witnessing family violence: the children's experience. *Journal of Advanced Nursing, 17*, pp. 1200-1209

Finlay, L., & Evans, K. (Eds.). (2009). *Relational-centred research for psychotherapists: Exploring meanings and experience*. West Sussex: John Wiley & Sons.

Flury, M., Nyberg, E., & Riecher-Rössler, A. (2010). Domestic violence against women: definitions, epidemiology, risk factors and consequences. *Swiss Medical Weekly, 140*,(6).

Fonagy, P., & Target, M. (1997). Attachment and reflective function: Their role in self-organization. *Development and Psychopathology*, *9*(4), pp. 679-700.

Fonagy, P. and Target, M. (1998). Mentalization and the changing aims of child psychoanalysis. *Psychoanalytic Dialogues: The International Journal of Relational Perspectives, 8*(1).

Fonagy, P., Gergely, G., Jurist, E. L., & Target, M. (2002). *Affect regulation, mentalization, and the development of self*. New York: Other Press.

Foucault, M. (1977). *Discipline and punish: The birth of the prison*. London: Allen Lane.

Foucault, M. (2006). *History of madness.* (Edited by Khalfa, J). London: Routledge.

Fraiberg, S., Adelson, E., & Shapiro, V. (1975). Ghosts in the nursery: A psychoanalytic approach to the problems of impaired infant-mother relationships. *Journal of the American Academy of Child Psychiatry, 14*(3), pp. 387-421.

Fraiberg, S. (1980). *Clinical studies in infant mental health.* New York: Basic books.

Freud, S. (1914a). Remembering, repeating and working-through. (Further recommendations on the technique of psycho-analysis ii). *Standard Edition, 12*, pp. 145-156.

Freud, S. (1920). Beyond the pleasure principle. *Standard Edition, 18*, pp. 1-64.

Freud, S. (1959). *Inhibitions, symptoms and anxiety*. In Stachey, J. (Ed). The standard edition of the complete psychological works of Sigmund Freud. pp. 87-156. London: Hogarth Press. (Original work published 1926).

Freud, S. (1960). *The ego and the id*. J. Strachey (Ed.). New York: W.W. Norton. (Original work published 1923).

Garcia, V., & McManimon, P. (2011). *Gendered Justice: Intimate Partner Violence and the Criminal Justice System*. Plymouth: Rowman and Littlefield Publishers.

George, C., Kaplan, N., & Main, M. *(*1985*). Attachment interview for adults*. Unpublished manuscript, University of California, Berkeley.

Georgsson, A., Almqvist, K., & Broberg, A. G. (2011). Naming the unmentionable: how children exposed to intimate partner violence articulate their experiences. *Journal of Family Violence, 26*(2), pp. 117-129.

Gergen, K. J. (2009). *An invitation to Social Construction*. (2nd edition). London: Sage.

Gerhardt, S. (2004). *Why love matters: how affection shapes a baby's brain*. East Sussex: Routledge.

Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory*. London: Weidenfield & Nicolson.

Goldblatt, H., Buchbinder, E., & Cohen, R. (2014). Re-Experiencing Motherhood Transformation of Relationships Between Formerly Abused Women and Their Children. *Violence against Women, 20(5),* pp. 561-580.

Goldner, V., Penn, P., Sheinberg, M., & Walker, G. (1990). Love and violence: Gender paradoxes in volatile attachments. *Family Process, 29*(4), pp. 343-364.

Gondolf, E. W., & Fisher, E. R. (1988). *Battered women as survivors: An alternative to treating learned helplessness*. Lexington Books/DC Heath and Com.

Gordon, L. (1988). *Heroes of Their Own Lives: The History and Politics of Family Violence*. New York: Penguin books.

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field methods*, *18*(1), pp. 59-82.

Hagan, T., & Smail, D. (1997). Power mapping I. Background and basic methodology. *Journal of Community and Applied Social Psychology, 7,* pp. 257-267.

Haight, W, L., Shim, W, S., Linn, L, M., & Swinford, L. (2007). Mothers' strategies for protecting children from batterers: The perspectives of battered women involved in child protective services. *Child Welfare*, *86*(4).

Hall, H., Griffiths, D., & McKenna, L. (2013). From Darwin to constructivism: the evolution of grounded theory. *Nurse Researcher*, *20*(3), pp. 17-21.

Hays, S. (1996). *The cultural contradictions of motherhood*. United States of America: Yale University Press.

Henwood, K., & Pidgeon, N. (1992). *Qualitative research and psychological theorizing. British Journal of Psychology, 83,* pp. 97-111.

Henwood, K., & Pidgeon, N. (2012). *Grounded Theory*. In Breakwell, G, M., Smith, J. A., & Wright, D. B. (Eds.) Research methods in Psychology. (4th edition). (pp. 461-484). London: Sage.

Hester, M., & Radford, L. (1996). Domestic violence and child contact in England and Denmark. *Childright*, 3-4.

Hester, M., Pearson, C., & Harwin, N. (2000). *Making an impact: Children and Domestic Violence.* (1st edition). London: Jessica Kingsley Publishers.

Hester, M., Pearson, C., Harwin, N., & Abrahams, H. (2007). *Making an impact: Children and Domestic Violence a reader*. (2nd edition). London: Jessica Kingsley Publishers.

Holden, G. W., & Ritchie, K. L. (1991). Linking extreme marital discord, child rearing, and child behavior problems: Evidence from battered women. *Child Development*, *62*(2), pp. 311-327.

Holden, G. W., Stein, J. D., Ritchie, K. L., Harris, S. D., & Jouriles, E. N. (1998). *Parenting behaviors and beliefs of battered women.* Chapter in Holden, G., Geffner, R., & Jouriles, E. (Eds). Children exposed to marital violence: Theory, research and applied issues. Washington, DC: American Psychological Association.

Holigrocki, R., Crain, R., Bohr, Y., Young, K., & Bensman, H. (2009). Interventional use of the parent–child interaction assessment–II enactments: Modifying an abused mother's attributions to her son. *Journal of Personality Assessment*, *91*(5), pp. 397-408.

Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse and Neglect, 32,* pp. 797-810.

Holtzworth-Munroe, A., & Stuart, G. L. (1994). Typologies of male batterers: three subtypes and the differences among them. *Psychological Bulletin*, *116*(3), pp. 476.

Home Office (2012, July 16). Domestic Violence Disclosure Scheme pilot: guidance. Retrieved from: www.gov.uk/government/publications/domestic-violence-disclosure-scheme-pilot-guidance

Home Office (2013, November 25). Domestic Violence protection orders impact assessment. Retrieved from: https://www.gov.uk/government/publications/domestic-violence-protection-orders--2

Humphreys, C., Mullender, A., Thiara, R., & Skamballis, A. (2006). 'Talking to My Mum' Developing Communication Between Mothers and Children in the Aftermath of Domestic Violence. *Journal of Social Work*, *6*(1), pp. 53-63.

Humphreys, C., Thiara, R. K., & Skamballis, A. (2011). Readiness to change: mother–child relationship and domestic violence intervention. *British Journal of Social Work, 41*(1), pp. 166-184.

Huth-Bocks, A. C., Levendosky, A. A., Theran, S. A., & Anne Bogat, G. (2004). The impact of domestic violence on mother's prenatal representations of their infants. *Infant mental health Journal, 25 (2) pp. 79-98.*

InqScribe digital media transcription software. (2005). Retrieved from: https://www.inqscribe.com/

Jackson, D. (2003). Broadening constructions of family violence: mothers' perspectives of aggression from their children. *Child & Family Social Work*, *8*(4), pp. 321-329.

Jacobvitz, D., Leon, K., & Hazen, N. (2006). Does expectant mother's unresolved trauma predict frightened/ frightening maternal behaviour? Risk and protective factors. *Developmental Psychopathology*, *18*, pp. 363-379.

Jarvis, K. L., Gordon, E. E., & Novaco, R. W. (2005). Psychological distress of children and mothers in domestic violence emergency shelters. *Journal of Family Violence, 20*(6).

Jurist, E.L., & Meehan, K. B. (2009). *Attachment, mentalization and reflective functioning*. Chapter in Obegi, J. H., & Berant, E. (Eds). Attachment theory and research in clinical work with adults. New York: Guildford press.

Karpman, S, B. (1968). Fairy tales and script drama analysis. *Transactional Analysis Bulletin*, 7, pp. 39-43.

Kearney, J. A. (2010). Women and children exposed to domestic violence: themes in maternal interviews about their children's psychiatric diagnoses. *Issues in Mental health Nursing, 31,* pp. 74-81.

Kennedy, H., & Sked, H. (2008). *Video interaction guidance: A bridge to better interactions for individuals with communication impairments.* London: Jessica Kingsley Publishers.

Kearney, J. A., & Cushing, E. (2012). A multi-modal pilot intervention with violence-exposed mothers in a child psychiatric trauma-focused treatment program. *Issues in Mental Health Nursing, 33,* pp. 544-552.

Keeling, J., & Fisher, C. (2012). Women's early relational experiences that lead to domestic violence. *Qualitative Health Research, 22*(11), pp. 1559-1567.

Khalifeh, H., Hargreaves, J., Howard, L, M., & Birdthistle, I. (2013). Intimate Partner Violence and Socioeconomic Deprivation in England: Findings from a National Cross-Sectional Survey. *American Journal of Public Health, 103 (3),* pp. 462-72.

Klein Velderman, M., Bakermans-Kranenburg, M. J., Juffer, F., Van Ijzendoorn, M. H., Mangelsdorf, S. C., & Zevalkink, J. (2006). Preventing preschool externalizing behavior problems through video-feedback intervention in infancy. *Infant Mental Health Journal, 27*(5), pp. 466-493.

L'Abate, L. (2009). The Drama triangle: An attempt to resurrect a neglected pathogenic model in family therapy theory and practice. *The American Journal of Family Therapy, 37,* pp. 1-11.

Lapierre, S. (2008). Mothering in the context of domestic violence: the pervasiveness of a deficit model of mothering. *Child & Family Social Work, 13(4),* pp. 454-463.

Lapierre, S. (2010a). More responsibilities, less control: Understanding the challenges and difficulties involved in mothering in the context of domestic violence. *British Journal of Social Work, 40*(*5*), pp. 1434-1451.

Lapierre, S. (2010b). Striving to be 'good' mothers: Abused women's experiences of mothering. *Child Abuse Review, 19,* pp. 342-357.

Lemma, A. (2003). *Introduction to the practice of psychoanalytic psychotherapy*. West Sussex: John Wiley & sons.

Lentz, S. A. (1999). *Revisiting the rule of thumb: An overview of the history of wife abuse*. Chapter in Feder, L (Eds.) Women and Domestic Violence: An interdisciplinary approach. New York: The Haworth Press.

Levendosky, A. A., & Graham-Bermann, S. A. (2000). Behavioral observations of parenting in battered women. *Journal of Family Psychology, 14*(1), pp. 80.

Levendosky, A. A., & Graham-Bermann, S. A. (2001). Parenting in battered women: The effects of domestic violence on women and their children. *Journal of Family Violence, 16*(2), pp. 171-192.

Levendosky, A. A., Huth-Bocks, A. C., & Bogat, G. A. (2011). The influence of Domestic Violence on the development of the attachment relationship between mother and young child. *Psychoanalytic Psychology, 28(4*), pp. 512-527.

Levy, M. S. (2000). A conceptualization of the repetition compulsion. *Psychiatry, 63*(1).

Lewis, J. (2011). From Sure Start to children's centres: an analysis of policy change in English early years programmes. *Journal of Social Policy, 40*(1), pp. 71-88.

Lieberman, A. F., Padrón, E., Van Horn, P., & Harris, W. W. (2005a). Angels in the nursery: The intergenerational transmission of benevolent parental influences. *Infant mental health journal, 26*(6), pp. 504-520.

Lieberman, A. F., Van Horn, P., & Ippen, C. G. (2005b). Toward evidence-based treatment: child-parent psychotherapy with preschoolers exposed to marital violence. *Journal of the American Academy of Child & Adolescent Psychiatry, 44(12),* pp. 1241-1248.

Lieberman, A. F. (2007). Ghosts and angels: Intergenerational patterns in the transmission and treatment of the traumatic sequelae of domestic violence. *Infant Mental Health Journal, 28*(4), pp. 422-439.

Lieberman, A. F., & Van Horn, P. (2009). Child-parent psychotherapy: A developmental approach to mental health treatment in infancy and early childhood. *Handbook of infant mental health, 3*, pp. 439-449.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry.* Newbury Park, CA: Sage Publications.

Lundberg, S. G. (1990). Domestic violence: A psychodynamic approach and implications for treatment. *Psychotherapy: Theory, Research, Practice, Training, 27*(2), pp. 243.

Lyons-Ruth, K., Bronfman, E., & Atwood, G. (1999). A relational diathesis model of hostile-helpless states of mind. *Attachment Disorganization*, pp. 33-70.

Lyons-Ruth, K., Bronfman, E., & Parsons, E. (1999). Maternal frightened, frightening, or atypical behavior and disorganized infant attachment patterns. *Monographs of the Society for Research in Child Development*, pp. 67-96.

Lyons-Ruth, K., & Spielman, E. (2004). Disorganized infant attachment strategies and helpless-fearful profiles of parenting: Integrating attachment research with clinical intervention. *Infant mental health journal, 25*(4), pp. 318.

Macfie, J., Mcelwain, N. L., Houts, R. M., & Cox, M. J. (2005). Intergenerational transmission of role reversal between parent and child: Dyadic and family systems internal working models. *Attachment & Human Development, 7*(1), pp. 51-65.

Main, M. & Hesse, E. (1990). Parents' unresolved traumatic experiences are related to infant disorganized attachment status: Is frightened and/or frightening parental behavior the linking mechanism. *Attachment in Preschool Years: Theory, Research and Intervention*, pp. 161-182.

Main, M., & Solomon, J (1990). *Procedures for Identifying Infants as Disorganized/Disoriented during the Ainsworth Strange Situation*. Chapter in Greenberg, M. T., Cicchetti, D., & Cummings, E. M. (Eds). Attachment in the Preschool Years: Theory, Research, and Intervention. Chicago: University of Chicago Press. pp. 121–60.

Malone, J. C., Levendosky, A. A., Dayton, C, J., & Bogat, G, A. (2010). Understanding the "ghosts in the nursery" of pregnant women experiencing domestic violence: prenatal maternal representations and histories of childhood maltreatment. *Infant Mental Health Journal, 31(4),* pp. 432-454.

McCloskey, L. A., Figueredo, A. J., & Koss, M. P. (1995). The effects of systemic family violence on children's mental health. *Child Development, 66*(5), pp. 1239-1261.

McGee, C. (2000). *Childhood Experiences of Domestic Violence*. London: Jessica Kingsley Publishers.

McIntosh, J. E. (2002). Thought in the face of violence: A child's need. *Child Abuse & Neglect, 26(3),* pp. 229-241.

Milgrom, J., Martin, P. R., & Negri, L. M. (1999). *Treating postnatal depression: a psychological approach for health care practitioners*. Chichester: Wiley.

Miller, L. (2008). *Anger between children and parents: how can we help*? In Emanuel, L., & Brady, E (Ed.) "What can the matter be?" Therapeutic interventions with parents, infants, and Young children (pp. 121-136). London: Karnac.

Mills, J., Bonner, A., & Francis, K. (2006). Adopting a constructivist approach to grounded theory: Implications for research design. *International Journal of Nursing Practice*, *12*(1), pp. 8-13.

Mullender, A., Hague, G., Imam, U. F., Kelly, L., Malos, E., & Regan, L. (2002). *Children's perspectives on Domestic Violence*. London: Sage.

Music, G. (2011). *Nurturing natures: attachment and children's emotional, sociocultural and brain development*. East Sussex: Psychology press.

Nicolson, P. (1993). Motherhood and women's lives chapter in Richardson, D., & Robinson, V. (Eds). *Introducing women's studies*. Basingstoke: Macmillan.

Noblit, G. W., & Hare, R. D. (1988). *Meta-ethnography: Synthesizing qualitative studies* (Vol. 11). United States of America: Sage.

Office for National Statistics (2015, February 12). Violent crime and sexual offences-Intimate personal violence and serious sexual assault (Chapter 4). In Crime Survey for England and Wales. Retrieved from: http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/focus-on-violent-crime-and-sexual-offences--2013-14/rpt-chapter-4.html#tab-Introduction

Pagani, L. S., Tremblay, R. E., Nagin, D., Zoccolillo, M., Vitaro, F., & McDuff, P. (2004). Risk factor models for adolescent verbal and physical aggression towards mothers. *International Journal of Behavioural Development, 28(6),* pp. 528-537.

Peled, E., & Gil, I. B. (2011). The mothering perceptions of women abused by their partner. *Violence against women*, *17*(4), pp. 457-479.

Pence, E., & Paymar, M. (1993). *Education groups for men who batter: The Duluth model*. Springer Publishing Company.

Perry, B. S. M. (2006). *The boy who was raised as a dog and other stories from a child psychiatrist's notebook: What traumatized children can teach us about loss, love, and healing*. New York: NY: Basic Books.

Piontelli, A. (1992). *From fetus to child: An observational and psychoanalytic study*. London: Routledge.

Potter, H. (2010). *"I don't think a cop has ever asked me if I was ok": Battered women's experience with police intervention.* In Garcia, V., & Clifford, J, E. (Eds.) Female victims of crime: reality reconsidered. Upper Saddle River, NJ: prentice Hall, pp. 219-420.

Radford, L., & Hester, M. (2001). *Overcoming mother blaming? Future directions for research on mothering and domestic violence.* In Graham-Bermann, S. A., & Edleson, J. L. (Eds). Domestic violence in the lives of children: The future of research, intervention, and social policy. Washington, DC: American Psychological Association.

Radford, L., & Hester, M. (2006). *Mothering through domestic violence*. London: Jessica Kingsley Publishers.

Reid-Cunningham, A. R. (2009). Parent–Child Relationship and Mother's Sexual Assault History. *Violence against Women, 15(8*), pp. 920-932.

Rich, A. (1985). *Of woman born*. London: Virago.

Richardson, D. (1993). *Sexuality and male dominance.* In Richardson, D., & Robinson, V. (Eds). Introducing women's studies. Basingstoke: Macmillan.

Rutter, M. (2006). Is Sure Start an effective preventive intervention? *Child and Adolescent Mental Health*, *11*(3), pp. 135-141.

Schechter, D. S. (2003). *Intergenerational communication of maternal violent trauma: Understanding the interplay of reflective functioning and posttraumatic psychopathology.* In Coates, S. W., & Schechter, D. S. (Eds). September 11: Trauma and human bonds. Hillside NJ: The analytic press. pp. 115-142.

Schechter, D. S., Coots, T., Zeanah, C. H., Davies, M., Coates, S. W., Trabka, K. A., … & Myers, M. M. (2005) Maternal mental representations of the child in an inner-city clinical sample: Violence- related posttraumatic stress and reflective functioning. *Attachment and Human development 7(30)* pp. 313-331.

Schechter, D. S., Myers, M. M., Brunelli, S. A., Coates, S. W., Zeanah Jr, C. H., Davies, M., ... & Liebowitz, M. R. (2006). Traumatized mothers can change their minds about their toddlers: Understanding how a novel use of videofeedback supports positive change of maternal attributions. *Infant Mental Health Journal*, *27*(5), pp. 429-447.

Schechter, D. S., Coates, S.W., Kaminer, T., Coots, T., Zeanah, Jr, C. H., Davies, M., … & Myers, M. M. (2008). Distorted maternal mental representations and atypical behaviour in a clinical sample of violence-exposed mothers and their toddlers. *Journal of Trauma and Dissociation 9(2)*.

Semaan, I., Jasinski, J. L., & Bubriski-McKenzie, A. (2013). Subjection, Subjectivity, and Agency The Power, Meaning, and Practice of Mothering Among Women Experiencing Intimate Partner Abuse. *Violence against Women*, *19*(1), pp. 69-88.

Sharp, C., & Fonagy, P. (2008). The parent's capacity to treat the child as a psychological agent: Constructs, measures and implications for developmental psychopathology. *Social Development, 17(3),* pp. 737-754.

Silverman, R. C., & Lieberman, A. F. (1999). Negative maternal attributions, projective identification, and the intergenerational transmission of violent relational patterns. *Psychoanalytic Dialogues*, *9*(2), pp. 161-186.

Slade, A. (2005). Parental reflective functioning: An introduction. *Attachment & Human Development*, *7*(3), pp. 269-281.

Stanley, N., Miller, P., & Foster, H, R. (2012). Engaging with children's and parents' perspectives on domestic violence. *Child & Family Social Work, 17*(2), pp. 192-201.

Stephens, D, L. (1999). Battered women's views of their children. *Journal of Interpersonal Violence, 14*, pp. 731.

Steward, M., Burns, A., & Leonard, R. (2007). Dark side of the mothering role; abuse of mothers by adolescent and adult children. *Sex Roles, 56*, pp. 183-191.

Straus, M. A. (1979). Measuring intrafamily conflict and violence: The conflict tactics (CT) scales. *Journal of Marriage and the Family*, pp. 75-88.

Swanston, J., Bowyer, L., & Vetere, A. (2013). Towards a richer understanding of school-aged children's understanding of domestic violence: The voices of children and their mothers. *Clinical Child Psychology and Psychiatry, 0(0),* pp. 1-18.

The Talking Cure. (1999). Programme 4: Conor James. Retrieved from: https://www.youtube.com/watch?v=RFV7Sh_X1WY

Thorne, S., Jensen, L., Kearney, M. H., Noblit, G., & Sandelowski, M. (2004). Qualitative metasynthesis: reflections on methodological orientation and ideological agenda. *Qualitative Health Research*, *14*(10), pp. 1342-1365.

Tjaden, P., & Thoennes, N. (2000). The role of stalking in domestic violence crime reports generated by the Colorado Springs Police Department. *Violence & Victims, 15(4*) pp. 427-441.

Ulman, A., & Straus, M. A. (2003). Violence by children against mothers in relation to violence between parents and corporal punishment by parents. *Journal of comparative family studies, 34,* pp. 41-60.

Ussher, J. M. (1989). *The psychology of the female body*. Taylor & Frances/Routledge.

Ussher, J. M. (1997). *Fantasies of femininity: Reframing the boundaries of sex*. Rutgers University Press.

Ussher, J. M. (Ed.). (2002). *Body talk: The material and discursive regulation of sexuality, madness and reproduction*. East Sussex: Routledge.

Ussher, J. M. (2006). *Managing the monstrous feminine: Regulating the reproductive body*. East Sussex: Routledge.

Waddell, M. (2002). Inside lives: Psychoanalysis and the growth of the personality. (2nd edition). London: Karnac books.

Walby, S., & Allen, (2004). *The cost of Domestic Violence*. Department of Trade and Industry.

Walker, L, E. (1984). *The Battered Women Syndrome*. New York: Springer.

Walsh, D., & Downe, S. (2005). Meta-synthesis method for qualitative research: a literature review. *Journal of Advanced Nursing*, *50*(2), pp. 204-211.

Webster-Stratton, C. (2005). *The Incredible Years: A trouble-shooting guide for parents of children aged 2-8 years*. Incredible years.

Whitfield, C. L., Anda, R. F., Dube, SS. R., & Felitti, V. J. (2003). Violent childhood experiences and the risk of intimate partner violence in adults: Assessment in a large health maintenance organization. *Journal of Interpersonal Violence, 18(2)* pp.166-185.

Williams, J., & Lindley, P. (1996). Working with mental health service users to change mental health services. *Journal of Community and Applied Social Psychology*, *6*, pp. 1-14.

Winnicott, D. W. (1956). *Primary maternal preoccupation*. London: Tavistock.

Winnicott, D. W. (1960). The theory of the parent-infant relationship. *International Journal of Psychoanalysis*, *41*(6), pp. 585-595.

Winnicott, D. W. (1964). Further thoughts on babies as persons. *The Child, the Family and the Outside World*, pp. 85-92.

Winnicott, D. W. (1971). *Playing and reality*. Psychology Press.

Wittgenstein, L. (1953). Philosophical Investigations Oxford. *England: Blackwell*.

Yardley, L. (2008). *Demonstrating validity in qualitative psychology*. In Smith, J, A. (Ed.) Qualitative psychology: A practical guide to research methods. (pp. 235-251). London: Sage.

Yllö, K. A. (2005). *Through a feminist lens: Gender, diversity and violence: extending the feminist framework chapter.* In Loseke, D. R., Gelles, R. J., & Cavanaugh, M. M. (Eds). Current controversies on family violence (second edition). California: Sage.

Zeanah, C. H., Zeanah, P. D., & Stewart, L. K. (1990). Parent's constructions of their infant's personalities before and after birth: A descriptive study. *Child Psychiatry and Human Development, 20,* pp. 191-206.

Zeanah, C. H., Benoit, D., Barton, M. L., & Hirshberg, L. (1996). *Working model of the child interview coding manual.* Unpublished manuscript. New Orleans: Louisiana state university school of medicine.

Zosky, D. L. (1999). The application of object relations theory to domestic violence. *Clinical Social Work Journal, 27*(1), 55-69.

Appendices

Appendix 1: Power and control wheel

Appendix 2: Metasynthesis methodology

Noblit and Hare (1988) propose that there are seven steps in meta-ethnography; determining a research question, selecting relevant papers, reading the studies, determining how they are related, translating the studies into one another, synthesising translation and dissemination. The aim of a meta-ethnography is to synthesise the interpretations made by the authors of the original papers; it is these interpretations that are seen as the 'data' for the analysis completed in the meta-ethnography. Reading the papers thoroughly allowed for familiarisation and the identification of the main themes within each paper. Following this the researcher identified the most commonly occurring themes across all of the papers. In 'translating' the studies into one another the researcher sought to make sense of how the themes connected to each other which sometimes meant merging themes together and removing themes that did not appear to be relevant to the majority of the articles. Inevitably there was an interpretive element to this process and the themes that appeared salient to the researcher may be different to another reader, however quotations from the original papers were provided to demonstrate the themes selected.

Appendix 3: Extract from reflective journal

Notes after the first interview (04.07.2014):

I was quite nervous and conscious of trying to keep close to the interview schedule without leading the mum. I felt like I got a lot of information but I wasn't always sure how much it was focussed on the mother-son relationship. My initial thoughts are that there was potentially a denial or lack of reflection about how difficult things were (which felt understandable), something about protecting sons from the violence (but then needing protection from them), not being allowed to play with or hold the children without partners say so and the sons mimicking the partner and being violent to each other and other children.

Notes after interview three (14.10.2014)

I have completed my second and third interviews now. I found the second lady really reflective. I am not sure if I am placing my own judgements about reflectiveness onto the women and valuing this. Is this important to the women themselves? I also found myself asking about the women's previous experiences of DV. I found myself intrigued about the intergenerational cycle of abuse and wondered if the women had made this link at all. I have also been asking about what the women have found useful in developing this relationship with their son or their role as a mother. I want to draw on the women's own resources and not just talk about the negatives. Thinking about what are the subjugated narratives? Something interesting came up in interview 3 she didn't view her most recent partner as being abusive, although it did sound like he could be. This could be the use of the term Domestic Violence which could imply that physical violence has to be involved. I need to think more about how women construct this. (I have since changed the introduction to the research to include verbal abuse and controlling behaviour).

Appendix 4: Ethical approval documentation

University of Essex

School of Health and Human Sciences
T 01206 872854
F 01206 873765
E hhs@essex.ac.uk

Colchester Campus
Wivenhoe Park
Colchester CO4 3SQ
United Kingdom
T 01206 873333
F 01206 873598

www.essex.ac.uk

17 February 2014

MISS L.C. NANKIVELL
[redacted]

Dear Louise,

Re: Ethical Approval Application (Ref 12074)

Further to your application for ethical approval, please find enclosed a copy of your application which has now been approved by Dr Wayne Wilson on behalf of the Faculty Ethics Committee.

Yours sincerely,

Mel Wiltshire
Ethics Administrator
School of Health and Human Sciences

cc. Sarah Manning-Press, REO
Frances Blumenfeld and Danny Taggart, Supervisors

1964
2014

The Queen's Anniversary Prizes
2009

100% recycled material

Application for Ethical Approval of Research Involving Human Participants

This application form should be completed for any research involving human participants conducted in or by the University. 'Human participants' are defined as including living human beings, human beings who have recently died (cadavers, human remains and body parts), embryos and foetuses, human tissue and bodily fluids, and human data and records (such as, but not restricted to medical, genetic, financial, personnel, criminal or administrative records and test results including scholastic achievements). Research should not commence until written approval has been received (from Departmental Research Director, Faculty Ethics Committee (FEC) or the University's Ethics Committee). This should be borne in mind when setting a start date for the project.

Applications should be made on this form, and submitted electronically, to your Departmental Research Director. A signed copy of the form should also be submitted. Applications will be assessed by the Research Director in the first instance, and may then passed to the FEC, and then to the University's Ethics Committee. A copy of your research proposal and any necessary supporting documentation (e.g. consent form, recruiting materials, etc) should also be attached to this form.

A full copy of the signed application will be retained by the department/school for 6 years following completion of the project. The signed application form cover sheet (two pages) will be sent to the Research Governance and Planning Manager in the REO as Secretary of the University's Ethics Committee.

1. Title of project:

   How mothers experience their relationship with their son following domestic violence

2. The title of your project will be published in the minutes of the University Ethics Committee. If you object, then a reference number will be used in place of the title.
   Do you object to the title of your project being published? Yes ☐ / No ☒

3. This Project is: ☐ Staff Research Project ☒ Student Project

4. Principal Investigator(s) (students should also include the name of their supervisor):

Name:	Department:
Louise Nankivell	Health and human sciences.
Supervised by Frances Blumenfeld	Health and human sciences.
And Danny Taggart	Health and human sciences.

5. **Proposed start date:** 01.03.2014
6. **Probable duration:** 01.03.2014-01.04.2015

7. Will this project be externally funded? Yes ☐ / No ☒

If Yes,

8.	What is the source of the funding?

9. If external approval for this research has been given, then only this cover sheet needs to be submitted

External ethics approval obtained (attach evidence of approval) Yes ☐/ No ☒

Declaration of Principal Investigator:

The information contained in this application, including any accompanying information, is, to the best of my knowledge, complete and correct. I/we have read the University's *Guidelines for Ethical Approval of Research Involving Human Participants* and accept responsibility for the conduct of the procedures set out in this application in accordance with the guidelines, the University's *Statement on Safeguarding Good Scientific Practice* and any other conditions laid down by the University's Ethics Committee. I/we have attempted to identify all risks related to the research that may arise in conducting this research and acknowledge my/our obligations and the rights of the participants.

Signature(s): .....

Name(s) in block capitals: LOUISE NANKIVELL

Date: 04/02/2014

Supervisor's recommendation (Student Projects only):

I have read and approved both the research proposal and this application.

Supervisor's signature: .....

Outcome:

The Departmental Director of Research (DoR) has reviewed this project and considers the methodological/technical aspects of the proposal to be appropriate to the tasks proposed. The DoR considers that the investigator(s) has/have the necessary qualifications, experience and facilities to conduct the research set out in this application, and to deal with any emergencies and contingencies that may arise.

This application falls under Annex B and is approved on behalf of the FEC ☑

This application is referred to the FEC because it does not fall under Annex B ☐

This application is referred to the FEC because it requires independent scrutiny ☐

Signature(s): .....

Name(s) in block capitals: .....

Department: HHS

Date: 13/2/14

The application has been approved by the FEC ☐

Appendix 5: Ethical approval following amendments

University of Essex

School of Health and Human Sciences
T 01206 872854
F 01206 873765
E hhs@essex.ac.uk

Colchester Campus
Wivenhoe Park
Colchester CO4 3SQ
United Kingdom
T 01206 873333
F 01206 873598

www.essex.ac.uk

17 March 2014

MISS L.C. NANKIVELL

[redacted]

Dear Louise,

Re: Amendment to Ethical Approval Application (Ref 12074)

Further to your application for an amendment to the above ethical approval application, I am writing to confirm that the amendments outlined in the attached letter have now been approved by Dr Wayne Wilson on behalf of the Faculty Ethics Committee.

Yours sincerely,

Mel Wiltshire
Ethics Administrator
School of Health and Human Sciences

cc. Sarah Manning-Press, REO
Frances Blumenfeld and Danny Taggart, Supervisors

100% recycled material

1964 2014

The Queen's Anniversary Prizes
For Higher and Further Education
2009

Wiltshire, Melanie A

From: Nankivell, Louise C
Sent: 11 March 2014 14:15
To: Wiltshire, Melanie A
Subject: Amendment to Ethics Application 12074
Attachments: proposal for essex ethics.docx

Dear Mel,

Would it be possible to make an amendment to my University of Essex ethics form as following discussions with my recruitment site they feel that it will be necessary to provide funding for childcare for the participants. They estimate that for each hour and a half interview £15 will be sufficient to cover childcare costs, therefore totalling £150. I would like to request that I can offer this to each participant taking part in the study.

I have attached my original ethics form with proposal which has been approved.

Thank you and best wishes
Louise.

Approved amendment

W. Wilson

W.W. Wilson
HHS
14/3/2014

Ethical amendment

Title of Project: 'How mothers experience their relationship with their son following Domestic Violence'

Amendment to recruitment section:

I currently have approval to recruit from a Children's Centre group in the East of England (that are funded by the Local Authority and charities). I would like to extend this to additionally recruit from a voluntary service that works with mothers in the same town in the East of England. It will be a very similar population of women and like the women in the Children's centres they will be receiving ongoing support from the service.

Louise Nankivell
20/1/15

Amendment approved
Wayne Wilson
28/1/15

Appendix 6: Participant Information sheet

Participant Information sheet

For the 'Mothers who have experienced Domestic Violence' project

What is the purpose of this research and why have I been invited to take part?

This project is looking at the experience of Domestic Violence for mothers of young boys and particularly focussing on their relationship with their son. You have been invited to take part if you have previously been in a violent relationship and have a son between 0 and 5 years old. If you are currently in a violent relationship then you will not be invited to take part, as the interview may be too difficult or risky for you.

Do I have to take part?

No, if you do not want to take part then you do not have to. Similarly if you agree to take part and then later decide to withdraw from the study then this is also ok. Not taking part in the study will have no impact on the services you currently receive.

What will I have to do?

If you are interested in taking part then let a member of staff know that you are happy for the female researcher to contact you. She will then telephone you to give you the chance to ask any questions or share any worries you have about the research. You will then have a couple of days to think about whether you do want to take part or not. If you do decide to take part you will meet with the researcher for approximately an hour and a half to talk about your experiences. This interview will be audio recorded for the study.

What are the possible benefits of taking part?

You will get to talk about your experiences with a female researcher. The study will hopefully inform what we know about Domestic Violence and the impact it has on the relationship with mothers and their sons. You will be rewarded for your time with a voucher of the value of £15.

Will the voucher impact my benefits if I am receiving them?

If you are in receipt of benefits, it is important to be aware that receiving a financial gift may affect these. According to recent guidance, you may receive a one-off gift of money, once in a financial year, without your benefits being affected, provided this does not take your personal savings over £6000. If you are unsure if this applies to you please contact the Disability Benefits Helpline (on 08457 123 456) before accepting the once-off financial gift.

What are the possible risks of taking part?

Talking about your experiences may be upsetting to do and may stir up strong feelings for you. If at any point during the interview you want to stop then this is fine, you do not have to continue.

What will happen with the information from the interview?

The audio recording will be kept in a safe place at all times and will not have your full name or other personal details stored on it. The interviews will then be typed up, but again any personal details, such as names or dates, will not be included. The final write up may include some quotes from the interviews, but these will have fake names and will not include any information that could give away your identity. Once the research is complete all recordings will be destroyed. If you decide after the interview that you do not want your information to be included then it will be destroyed.

What happens if something I say suggests me or my child may be at risk of harm?

If something you say in the interview suggests you or your son may be at risk of harm then the researcher will need to contact the service that you are part of and follow safeguarding policies. The researcher will let you know that she will need to pass on this information before doing so.

Yours sincerely,

Louise Nankivell
Trainee Clinical Psychologist
University of Essex

University of Essex

Consent Form

Copy to return

INITIALS

1. I confirm that I have read the information sheet and understand how the research will be carried out. ☐

2. I give my consent to have my interview audio recorded. I understand that this audio recording will be kept in a secure place and will be destroyed as soon as the research is complete. ☐

3. I understand that I can withdraw my consent at any point and any recordings will be destroyed. ☐

4. I understand that my refusal to take part in this research will not affect any services or treatment that I am receiving. ☐

5. I understand that if at any point during the interview I discuss something that suggests that I or my child/children is at risk of harm the researcher will need to pass on this information. This will not be done without informing me. ☐

University of Essex

Consent Form

Copy for participant to keep

INITIALS

1. I confirm that I have read the information sheet and understand how the research will be carried out. ☐

2. I give my consent to have my interview audio recorded. I understand that this audio recording will be kept in a secure place and will be destroyed as soon as the research is complete. ☐

3. I understand that I can withdraw my consent at any point and any recordings will be destroyed. ☐

4. I understand that my refusal to take part in this research will not affect any services or treatment that I am receiving. ☐

5. I understand that if at any point during the interview I discuss something that suggests that I or my child/children is at risk of harm the researcher will need to pass on this information. This will not be done without informing me. ☐

Appendix 8: Initial interview schedule

Introductory prompts:

- Thank you for agreeing to take part in this research.
- My name is…… and I am carrying out this research as part of my doctorate in Clinical Psychology.
- As we previously discussed the aim of this research is to consider women's experience of their relationship with their ex-partner and their relationship with their son.
- If at any point through this interview you become upset and want to pause for a while or stop completely then please let me know. If I think that you are becoming overly upset I may also check in with you whether you want to stop or continue.
- Go through the consent form addressing limits of confidentiality, data storage. Please complete the consent form.
- Are there any questions you have before we get started?

Clarify information:

- From the initial information I gained from you, you were with ex-partner for (insert number of years) years and that was (insert number of months/years) months years ago. Is that correct?
- You have X number of children, X sons and today we are going to focus on (insert son's name) is that right?

Question prompts:

1. Tell me about (insert son's name)
2. What was he like as a baby?
3. What does he like/ not like to do?
4. Who does he take after?
5. How has the experience of being a mother been? How has this been impacted by the domestic violence? (If more than one child has the experience been different with your other children?)
6. How would you describe your relationship with your son?
7. Can you tell me about a time when you have experienced your son as being difficult? How did you respond to this? What do you think he was thinking/feeling?
8. Are you able to think about your son's perspective when he is being difficult? What makes this more or less difficult?
9. How do you think your relationship with your ex-partner has impacted on your relationship with your son?

Endings:

- Is there anything else that you feel is important to add?
- Is there anything you would like to ask before we finish?

Debrief:

- How did you find the interview? How are you feeling now?
- Thank you for time today; if you later have any other questions please do not hesitate to ask me.

Appendix 9: Amended interview schedule

Initial introduction:

- Going through the participant information sheet and the consent form addressing limits of confidentiality, data storage etc.
- If at any point through this interview you become upset and want to pause for a while or stop completely then please let me know. If I think that you are becoming overly upset I may also check in with you whether you want to stop or continue.
- I am interested in women's experience of Domestic Violence and abuse; by Domestic Violence I mean verbal abuse and controlling behaviour as well. I am interested in whether you think that this relationship has had any impact in a positive or negative way on your relationship with your son or sons.

Initial questions:

- Do you mind telling me who is included in your family? (including ages of sons)

Question prompts:

- What would you like to talk about first?
- Would you like to tell me about your experiences with your ex-partner?
- How has your experience of being a mother been? How do you feel that this was impacted by your relationship with your ex-partner?
- Do you think you were the type of mum that you imagined that you would be?
- How would you describe your relationship with your son? If I asked you to describe your relationship with your son in 5 words what would you say? Can you give me an example of that?
- How did you find your relationship initially? How did you find it bonding with your son?
- Are there any specific parts of mothering that were more difficult? E.g. bathing, feeding, when your son was crying? What was that like? How did it make you feel?
- Are there times that your son was more difficult or 'naughty'? Some women have talked about their children 'copying' their ex-partner would you say this is true for you?
- How do you imagine the future to be?
- Is Domestic Violence or abuse something you have ever experienced in any other aspects of your life?
- Are there any strengths or positives that have come out of this difficult experience?
- Did you get any support from friends/family/services? Was anything helpful?
- What advice would you give to a woman who was in the situation you was in?

Endings:

- Is there anything else that you feel is important to add?

Debrief:

- How did you find the interview? How are you feeling now?

Appendix 10: Receipt of voucher

University of Essex

Receipt of voucher

Copy for participant to keep

I confirm that I have received a £15 Argos voucher for my participation in this research project.

Signed …… Date ……

University of Essex

Receipt of voucher

Copy to return

I confirm that I have received a £15 Argos voucher for my participation in this research project.

Signed …… Date ……

Appendix 11: Transcription notation system

Table 1: Transcription notation system

Feature	Notation and explanation of use
The identity of the speaker; turn –taking	The speaker was indicated by Int: for the researcher or P#: with the participant's number, in order to enable clarity over who was speaking. Each new line began with a capital letter.
Laughing	Laughing is indicated by (laughs) in brackets during a turn of talk.
Pausing	(Pause) was used to indicate a long pause. Short pauses were indicated by …
Inaudible speech	Inaudible sections of speech were indicated by (inaudible) in brackets.
Overlapping of speech	Where the interviewer and participant overlapped in speech this was indicated with … at the end of the person speaking and (overlap) at the beginning of the overlapping bit of speech.
Use of punctuation	The researcher was careful to listen to where punctuation would have been placed and has done this to the best of their ability. Question marks were used were a question was clearly being asked and exclamation marks were used if participants made a statement!
Reported speech	Reported speech of somebody else was indicated by the use of inverted commas around speech, for example she said 'I think you should leave him'.
Accents and abbreviations	The researcher was careful to try to use the participant's own words and try to capture accents to the best of their ability, for example 'cos' instead of 'because' or 'yeah'.
Non- verbal utterances	Typical non-verbal utterances for speakers of English as a first language are erm, er, mm, mm-hm. These were transcribed alongside spoken words.

Appendix 12: Lincoln and Guba (1985) criteria for qualitative research

They suggest that credibility is the confidence one can have in the 'truth' of the findings and can be established through the use of triangulation; that is through using different sources of information, different investigators, different methods or different theories. Alternatively they describe 'member checking' which involves going back to a group of participants to confirm that the analysis fits with their experience or views. Transferability refers to whether the results can be applied to other contexts and can be promoted through the 'thick' description of phenomenon, for example providing enough detail of what one is observing. Dependability refers to whether the results could be repeated and found again and Lincoln and Guba (1985) suggest that this can be achieved through the use of an external 'auditor' checking through the analysis and results of a study. Finally, confirmability refers to the researcher providing an 'audit trail' including the raw data and process notes in order to demonstrate that the research has not been shaped solely by the researcher's motivations and interests.

Appendix 13: Examples of Initial Coding

P4: It was horrible, cos I knew that he was in the same room when it was going on, when he used to scream and scream and we were arguing and stuff and in a way it does sort of affect your relationship a little bit with him because I don't want him to turn out how he was....

Comment [In1]: Son witnessing

Comment [In2]: Impact/son was scared

Comment [In3]: Impact on relationship with son

Int: (overlap) .... right..

P4: So it sort of puts me in a position where I wanna do better than that for him, I want him to be a better person than what his dad was, erm which worried me about contact and that for a little while as well. Cos I didn't want him experiencing them things because, you know I was worried about when he went to nursery would he think that behaviour like that is ok?...Erm at the minute he is hitting me and stuff which I'm trying to put a stop to but I don't whether that's got anything to do with what happened then and what he's experienced and seen, erm but yeah it's not nice because obviously you want the best for your children, you don't want them to think that that sort of behaviour is ok. Erm and did worry me for a little while that it might come between me and him or I might not bond with him as well as what I could be because of what I'd been through with him being a male as well. Erm but then it has got a positive as well because it's brought me closer to him, to protect him in that way.....

Comment [In4]: In vivo code

Comment [In5]: Worried about contact

Comment [In6]: Wanting to protect so n

Comment [In7]: 'copying' partners behaviour

Comment [In8]: Reflecting on son's experience

Comment [In9]: Difficulties bonding with son

Comment [In10]: Wanting to protect son

Int: (overlap).....Ok.....

P4: From that sort of environment and behaviour. So it's got different effects, it is quite strange! (laughs)

Comment [In11]: Complexity

Int: So were there any points where you felt you weren't bonding with him in the way that you wanted to?

P4: When I first had him, for about 6 weeks, erm yeah I wasn't doing things for him, that maybe I should have been doing. Erm I wasn't getting up with him in the night, I was leaving it all down to him, his dad, to do and then I got put on depressants for postnatal. Erm because all the way through that pregnancy I wanted a girl and when I found out I was having a boy that sort of put me down a little bit. I thought I might have had trouble bonding with him, but then when I had him I was fine. I just went through that period of 6 weeks where I was quite low and I didn't really want to do a lot for him.

Comment [In12]: Difficulties bonding/ guilt

Comment [In13]: Labelled as having mental health difficulties

Comment [In14]: Wanting a girl not a boy/ impact on bonding

Comment [In15]: Got better after a while

Int: Yeah

P5: To Alison?' Because even though I had postnatal depression with her it got, it was extremely worse with Tom I mean I erm turned round and said to er like the health visitor how I'd actually dreamt that I'd killed him

Comment [ln1]: Worse with son

Comment [ln2]: 'Postnatal depression'

Comment [ln3]: Want to kill son

Int: Yeah

P5: Because he was a man I couldn't bond with him. Luckily I didn't have that problem with Jake or Jason but with Tom being my first boy I thought well he's just going to end up the same I'm going to be raising a boy that's just going to think it's ok to go round hitting everyone when that wasn't necessarily going to be the case

Comment [ln4]: Couldn't bond with him

Comment [ln5]: Different with first son

Comment [ln6]: Son will end up violent

Int: (overlap) that was your fear?

P5: (overlap) I mean he's getting his life sorted now so by the time he gets into a relationship he will have the right sort of thing in his mind that you don't hit people like that you like if you're getting angry you walk away and calm yourself down and then go back and discuss sort of in a calm way sort of thing rather than lash out so but that was in my mind he was just going to end up this horrible person

Comment [ln7]: 'Getting his life sorted'

Comment [ln8]: Son learning to manage aggression

Comment [ln9]: In vivo

Int: Even when he was a little baby you were worried about that already?

P5: Yeah I, did... I, I, I (stutters) I hardly ever cuddled him where as Alison I would erm I'd do the necessities but then I wouldn't even really enjoy doing that erm and I just like... it feels horrible to say you never bonded with your own child when he turned 2 I, I did start loving him but up until then it's hard to say but I did hate him.

Comment [ln10]: Different with daughter

Comment [ln11]: Hated son

Comment [ln12R11]: Couldn't bond with him

Int: Yeah... what do you think changed when he was around 2 what do you think? Or was it just the time?

P5: I don't know it's it's just that was the age he was when I sort of I don't know maybe it was because I'd had some more counselling sessions and stuff and I think maybe then it triggered in my

Comment [ln13]: Had counselling/ relationship with son improved

Appendix 14: Examples of Focused Coding

P4: It was horrible, cos I knew that he was in the same room when it was going on, when he used to scream and scream and we were arguing and stuff and in a way it does sort of affect your relationship a little bit with him because I don't want him to turn out how he was....

Comment [ln16]: Reflection on impact

Int: (overlap) .... right..

P4: So it sort of puts me in a position where I wanna do better than that for him, I want him to be a better person than what his dad was, erm which worried me about contact and that for a little while as well. Cos I didn't want him experiencing them things because, you know I was worried about when he went to nursery would he think that behaviour like that is ok?...Erm at the minute he is hitting me and stuff which I'm trying to put a stop to but I don't whether that's got anything to do with what happened then and what he's experienced and seen, erm but yeah it's not nice because obviously you want the best for your children, you don't want them to think that that sort of behaviour is ok. Erm and did worry me for a little while that it might come between me and him or I might not bond with him as well as what I could be because of what I'd been through with him being a male as well. Erm but then it has got a positive as well because it's brought me closer to him, to protect him in that way.....

Comment [ln17]: Worried son will be like partner/ wanting son to be better

Comment [ln18]: Protection

Comment [ln19]: Reflection on impact/Son 'copying' partners behaviour

Comment [ln20]: Wanting son to be better

Comment [ln21]: Protection

Int: (overlap).....Ok.....

P4: From that sort of environment and behaviour. So it's got different effects, it is quite strange! (laughs)

Int: So were there any points where you felt you weren't bonding with him in the way that you wanted to?

P4: When I first had him, for about 6 weeks, erm yeah I wasn't doing things for him, that maybe I should have been doing. Erm I wasn't getting up with him in the night, I was leaving it all down to him, his dad, to do and then I got put on depressants for postnatal. Erm because all the way through that pregnancy I wanted a girl and when I found out I was having a boy that sort of put me down a little bit. I thought I might have had trouble bonding with him, but then when I had him I was fine. I just went through that period of 6 weeks where I was quite low and I didn't really want to do a lot for him.

Comment [ln22]: Difficulties bonding/guilt

Comment [ln23]: Impact on maternal mental health

Int: Yeah

P5: To Alison?' Because even though I had postnatal depression with her it got, it was extremely worse with Tom I mean I erm turned round and said to er like the health visitor how I'd actually dreamt that I'd killed him

Comment [ln14]: maternal mental health

Comment [ln15]: Impact on mother-son relationship/Difficulties bonding

Int: Yeah

P5: Because he was a man I couldn't bond with him. Luckily I didn't have that problem with Jake or Jason but with Tom being my first boy I thought well he's just going to end up the same I'm going to be raising a boy that's just going to think it's ok to go round hitting everyone when that wasn't necessarily going to be the case

Comment [ln16]: Impact on mother-son relationship/ Difficulties bonding

Comment [ln17]: 'cycle of violence'

Int: (overlap) that was your fear?

P5: (overlap) I mean he's getting his life sorted now so by the time he gets into a relationship he will have the right sort of thing in his mind that you don't hit people like that you like if you're getting angry you walk away and calm yourself down and then go back and discuss sort of in a calm way sort of thing rather than lash out so but that was in my mind he was just going to end up this horrible person

Comment [ln18]: Abuse not inevitable
Wanting son to be better than his dad

Int: Even when he was a little baby you were worried about that already?

P5: Yeah I, did... I, I, I (stutters) I hardly ever cuddled him where as Alison I would erm I'd do the necessities but then I wouldn't even really enjoy doing that erm and I just like... it feels horrible to say you never bonded with your own child when he turned 2 I, I did start loving him but up until then it's hard to say but I did hate him.

Comment [ln19]: Impact on mother-son relationship/ Difficulties bonding

Int: Yeah... what do you think changed when he was around 2 what do you think? Or was it just the time?

P5: I don't know it's it's just that was the age he was when I sort of I don't know maybe it was because I'd had some more counselling sessions and stuff and I think maybe then it triggered in my

Comment [ln20]: Social support

Appendix 15: Elliott, Fischer and Rennie (1999) criteria for evaluating qualitative research

A. Publishability guidelines shared by both Qualitative and Quantitative approaches
    1. Explicit scientific context and purpose
    2. Appropriate methods
    3. Respect for participants
    4. Specification of methods
    5. Appropriate discussion
    6. Clarity of presentation
    7. Contribution to knowledge

B. Publishability Guidelines especially pertinent to Qualitative research
    1. Owning one's perspectives
    2. Situating the sample
    3. Grounding in examples
    4. Providing credibility checks
    5. Coherence
    6. Accomplishing general vs. specific research tasks
    7. Resonating with readers

Appendix 16: Finlay and Evans (2009) criteria for evaluating qualitative research

Rigour asks the following questions: Has the research been competently managed and systematically worked through? Is the research based on methodical critical refection? Is the research coherent and does the report clearly describe it? Is the evidence marshalled well and is it open to external audit? Are the researcher's interpretations both plausible and justified? To what extent do the findings match the evidence and are they convincing? For example have quotations taken from, an interview been offered to illustrate a theme? Have the knowledge claims been 'tested', validated and argued in dialogue with others (including co-researchers, supervisors or colleagues).

Relevance concerns the value of the research in terms of its applicability and contribution . Does the research add to the body of knowledge relating to an issue or aspect of social life? Does it enrich our understanding of the human condition or of the psychotherapy process? Is it empowering and/ or growth enhancing for either the co-researchers involved and/or the readers? Have, for example, the co-researchers gained some comfort from being listened to and heard? Alternatively does it offer psychotherapists any guidance and will it help to improve their practice in some way? To an extent, of course, relevance is a subjective area. What you find relevant may not work for others. However, research that is not useful in some way and cannot be applied more widely to practice is probably going to be of less interest to practitioners.

Resonance taps into an emotional artistic and/ or spiritual dimensions that can probably only be judged in the eye of the beholder. To what extent are you 'touched' by the findings? Are they sufficiently vivid or powerful to draw readers in? Can readers enter the research accounts emotionally? Do the findings resonate with reader's own experiences and understandings? Or do they disturb, unsettle, and push the boundaries of the taken-for-granted? Are the findings presented in a particularly powerful, graceful or poignant way?

Reflexivity is a broad category which refers to a researcher's self-awareness and openness about the research process. To what extent has the researcher taken into account their own subjectivity and positioning and the possible impact of these on the research? Have they explored how meanings were elicited in an interpersonal, intersubjective context? Has the researcher shown awareness of the possibility of transference/countertransference processes? Has the researcher monitored the potential for the abuse of power in the research relationship? Have they shown respect for, and sensitivity to, co-researcher's safety/needs? Does the researcher demonstrate ethical integrity and concern for the wider impact of the research? At the same time does the researcher display an appropriate level of humility in acknowledging the limitations of any findings and in the knowledge claimed?