

**SURVIVING TOGETHER:
DOMESTIC VIOLENCE AND
MOTHER-CHILD RELATIONSHIPS**

EMMA KATZ

BA (Hons), MA

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Abstract

This thesis explores how mothers and children in the UK are affected by domestic violence, resist it, and actively support one another's recoveries. The focus extends beyond 'incidents' of physical violence, into the commonplace, the subtle and the everyday. This thesis shows that supportive mother-child relationships may enhance the well-being and recoveries of both mothers and children. It highlights the need to expand professional supports that repair and strengthen mother-child relationships.

The study is located on different theoretical ground from most research in the domestic violence field. Usually, within the field, mothers' parenting is seen as promoting or not promoting resilience in their (passive) children. Often, children supporting mothers is seen as inappropriate and indicative of children taking on 'adult roles' or being 'parentified'. There has been little attention to the ways that children, along with mothers, may be active in producing the strong, supportive mother-child relationships that promote resilience and well-being. By contrast, this study conceptualises children, along with mothers, as active contributors to mother-child relationships. Mutual supports between mothers and children are viewed as potentially positive and productive.

Thirty participants, 15 mothers and 15 children (aged 10-20) from the UK with experiences of domestic violence, were interviewed for this study. These interviews were conducted using a semi-structured, feminist-informed approach. Participants were recruited through organisations that support those with experiences of domestic violence, using a combination of purposive and snowball sampling. All participants were residing in the community, and the majority had never accessed refuge services. Ethical approval to conduct the study was granted by the University of Nottingham.

This thesis presents findings that show how children supported mothers, while mothers continued to parent and support their children. The children and mothers interviewed described supporting each other in multiple ways. During the domestic violence, helpful supports could occur even as mothers and children struggled to communicate about what was happening and suffered negative behavioural and mental health impacts. Some mother-child relationships were more strained than others during this period.

This study identifies five factors that influenced the extent of the damage caused to mother-child relationships during the domestic violence. These factors centred on the behaviours of perpetrators/fathers (their treatment of the

children, the types of abuse they perpetrated, and the extent to which they undermined mother-child relationships) and the impacts of these behaviours on mothers and children.

In the post-separation violence phase, children and mothers were on the 'frontlines' of each other's recoveries. Often, they acted as 'recovery-promoters' for one another, especially when they had received professional supports that repaired and strengthened their relationships. Recovery-promotion frequently occurred in subtle, everyday, age-appropriate ways not usually considered in previous research, including the giving of compliments and praise and 'having fun' together. However, mothers and children also described exchanging some supports that may have been more problematic, and not all mothers and children were able to support one another to the same extent. Based on these findings, this thesis proposes a framework for identifying the different levels and contexts of supports exchanged by mothers and children, and their complex, varied impacts. This framework has utility for future research, policy and practice with domestic violence survivors.

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Table of Contents

<u>CHAPTER 1: INTRODUCTION.....</u>	<u>1</u>
BACKGROUND AND APPROACH	3
RESEARCH QUESTIONS, SCOPE AND TERMINOLOGY	11
STRUCTURE OF THE THESIS	16
<u>CHAPTER 2: TWO BARRIERS TO UNDERSTANDING MOTHER-CHILD SUPPORTIVENESS: THE UNILATERAL MODEL AND THE PHYSICAL INCIDENT MODEL.....</u>	<u>20</u>
INTRODUCTION	20
SECTION 1: THE UNILATERAL MODEL.....	21
SECTION 2: THE ‘PHYSICAL INCIDENT’ MODEL	37
CONCLUSION.....	43
<u>CHAPTER 3: PARENTIFICATION AND MUTUAL SUPPORTIVENESS IN MOTHER-CHILD RELATIONSHIPS</u>	<u>45</u>
INTRODUCTION	45
MUTUAL SUPPORTIVENESS: FINDINGS FROM STUDIES OUTSIDE THE DOMESTIC VIOLENCE FIELD	45
PARENTIFICATION, DOMESTIC VIOLENCE RESEARCH AND THE UNILATERAL/BILATERAL MODELS	52
CONCLUSION.....	61
<u>CHAPTER 4: MOTHER-CHILD RELATIONSHIPS IN CONTEXTS OF DOMESTIC VIOLENCE.....</u>	<u>63</u>
INTRODUCTION	63
PERPETRATORS/FATHERS’ UNDERMINING OF MOTHER-CHILD RELATIONSHIPS	63
THE PARENTING OF PERPETRATORS/FATHERS	68
NEGATIVE IMPACTS OF DOMESTIC VIOLENCE ON MOTHERS’ PARENTING	70
MOTHERS PROTECTING AND SUPPORTING THEIR CHILDREN	73
POST-SEPARATION PROBLEMS FOR MOTHERS AND CHILDREN	77
MOTHERS’ AND CHILDREN’S POST-SEPARATION RECOVERIES	82
CONCLUSION.....	86
<u>CHAPTER 5: CONDUCTING THE RESEARCH</u>	<u>87</u>
THEORETICAL FRAMEWORK.....	87
ETHICAL FRAMEWORK.....	90
METHOD SELECTION	94
SAMPLE COMPOSITION	95
GAINING ACCESS.....	103
THE PARTICIPANTS	114

THE INTERVIEWS	117
TRANSCRIPTION AND DATA ANALYSIS	128
 <u>CHAPTER 6: CLOSENESS, DISTANCE AND SUPPORTIVENESS DURING THE DOMESTIC VIOLENCE</u>	<u>132</u>
INTRODUCTION	132
SUPPORTIVENESS IN THE CONTEXT OF DOMESTIC VIOLENCE SURVIVAL.....	134
INTRODUCING THE FIVE FACTORS AFFECTING MOTHER-CHILD RELATIONSHIPS	139
IDENTIFYING PATTERNS OF CLOSENESS, DISTANCE AND SUPPORTIVENESS.....	146
VERY CLOSE AND HIGHLY SUPPORTIVE RELATIONSHIPS.....	149
FAIRLY CLOSE AND MODERATELY SUPPORTIVE RELATIONSHIPS.....	163
FAIRLY DISTANT BUT MODERATELY SUPPORTIVE RELATIONSHIPS	172
VERY DISTANT RELATIONSHIPS, CONTAINING LITTLE SUPPORT	183
CONCLUSION.....	193
 <u>CHAPTER 7: CHALLENGES OF RECOVERY AND IMPACTS ON MOTHER-CHILD RELATIONSHIPS</u>	<u>197</u>
INTRODUCTION	197
THE TRIANGLE OF RECOVERY	199
OBSTACLES TO RECOVERY	200
BEGINNING TO RECOVER	210
CONCLUSION.....	224
 <u>CHAPTER 8: WAYS THAT MOTHERS AND CHILDREN SUPPORTED EACH OTHER'S RECOVERIES.....</u>	<u>227</u>
INTRODUCTION	227
A. MOTHER-CHILD SUPPORTS DIRECTED TOWARDS RECOVERY FROM THE DOMESTIC VIOLENCE.....	229
B. GENERAL MOTHER-CHILD SUPPORTS NOT DIRECTLY RELATED TO THE DOMESTIC VIOLENCE	245
CONCLUSION.....	253
 <u>CHAPTER 9: PATTERNS OF MOTHER-CHILD SUPPORT DURING THE RECOVERY PHASE....</u>	<u>255</u>
INTRODUCTION	255
IDENTIFYING PATTERNS OF SUPPORT DURING THE RECOVERY PHASE	256
PATTERN 1: SUPPORT IN CONTEXTS OF POSITIVE RECOVERIES	263
PATTERN 2: SUPPORT IN CONTEXTS OF LIMITED RECOVERIES	273
PATTERN 3: STRUGGLING RECOVERIES, STRUGGLING RELATIONSHIPS.....	290
CONCLUSION.....	302

<u>CHAPTER 10: MUTUAL MOTHER-CHILD SUPPORT DURING THE RECOVERY PHASE</u>	<u>307</u>
INTRODUCTION	307
CHILDREN’S THOUGHTS AND FEELINGS ABOUT MUTUALITY IN THEIR MOTHER-CHILD RELATIONSHIPS.....	308
MOTHERS AND MUTUALITY.....	311
MUTUALITY AS HEIGHTENED BY THE DOMESTIC VIOLENCE?.....	314
MUTUALITY, INTERDEPENDENCE AND INDEPENDENCE	315
BEYOND PARENT AND CHILD?: ‘FRIENDS’ AND ‘SISTERS’	317
CONCLUSION.....	321
<u>CHAPTER 11: CONCLUSION.....</u>	<u>323</u>
SUMMARY OF FINDINGS	324
CONTRIBUTIONS TO KNOWLEDGE	329
IMPLICATIONS FOR POLICY AND PRACTICE	338
STUDY LIMITATIONS AND DIRECTIONS FOR FUTURE RESEARCH.....	345
CLOSING COMMENTS.....	349
<u>BIBLIOGRAPHY</u>	<u>352</u>
<u>APPENDIX 1 ETHICAL APPROVAL FORM</u>	<u>371</u>
<u>APPENDIX 2: INFORMATION SHEET FOR MOTHERS.....</u>	<u>382</u>
<u>APPENDIX 3: INFORMATION SHEET FOR CHILDREN AND YOUNG PEOPLE.....</u>	<u>384</u>
<u>APPENDIX 4: CONSENT FORM</u>	<u>386</u>
<u>APPENDIX 5: TOPIC GUIDE FOR SEMI-STRUCTURED INTERVIEWS</u>	<u>389</u>
<u>APPENDIX 6: THEMES AND SUBTHEMES IDENTIFIED DURING THE DATA ANALYSIS</u>	<u>395</u>

List of Tables

TABLE 1: SAMPLE COMPOSITION	97
TABLE 2: THE SAMPLE – MOTHER-CHILD AND MOTHER-ONLY.....	99
TABLE 3: AGE/GENDER OF INTERVIEWED CHILDREN IN MOTHER-CHILD SAMPLE	114
TABLE 4: AGE/GENDER OF NON-INTERVIEWED CHILDREN IN MOTHER-ONLY SAMPLE.....	114
TABLE 5: MOTHER-CHILD RELATIONSHIPS DURING THE DOMESTIC VIOLENCE GROUPED BY CLOSENESS, DISTANCE AND SUPPORTIVENESS	148
TABLE 6: PATTERNS OF SUPPORT BETWEEN MOTHERS AND CHILDREN RECOVERING FROM DOMESTIC VIOLENCE	258

List of Figures

FIGURE 1: A HEALTHY PARENT-CHILD RELATIONSHIP UNDER THE UNILATERAL MODEL AND A RELATIONSHIP CONTAINING CHILD-TO-PARENT SUPPORT UNDER THE UNILATERAL MODEL	55
FIGURE 2: THE BILATERAL MODEL OF PARENT-CHILD RELATIONSHIPS.....	58
FIGURE 3: THE TRIANGLE OF RECOVERY	199

Chapter 1: Introduction

'Mum would tell me how she felt, and I'd tell her how I felt, and we'd just be able to help each other and tell each other what we should do. Like sometimes she'd say she felt like a bad mum because she moved us away from our dad and I'd tell her she shouldn't feel guilty...Mum's definitely helped me a lot. She's made me feel better about myself and made me feel better about the situation.' (Grace, participant in this study, aged 14)

'In instances of domestic violence where a mother and her child share strong and supportive bonds, this can contribute to the ability of them both to get through the experience.' (Mullender *et al.* 2002:118)

These quotes are unusual in the domestic violence research field. Although the field is increasingly recognising the importance of abused mothers' relationships with their children, discussions of these relationships tend not to take children's agency into account. There has been little consideration of the ways that children, along with mothers, may be active in producing the strong and supportive mother-child relationships that help them to resist and recover from domestic violence (Mullender *et al.* 2002).

Overall, this empirical study highlights the complex, varied ways in which a sample of mothers and children in the UK acted to support one another, and also the factors which helped them to rebuild and strengthen their relationships after separating from perpetrators/fathers. Qualitative, semi-structured interviews were conducted with 15 mothers and 15 children (aged 10-20) about their experiences of domestic violence, their recoveries, and their relationships with one another. Ethical approval to conduct this research was granted by the

University of Nottingham's ethics committee. The presence or absence of supportiveness between mothers and children was a major focus of the interviews, as were mothers' and children's own feelings about the levels of supportiveness in their relationships. Also explored were the ways in which these relationships changed and evolved as mothers and children transitioned from living with perpetrators/fathers, to separating from them, to recovering and moving forward. Finally, another consideration in the interviews was how these mothers and children conceptualised, from their own viewpoints, the nature of good, recovered and healthy mother-child relationships.

This study can be seen as contributing to the predominantly UK/Scandinavian body of feminist and/or child-centred domestic violence research that has emerged in the last two decades (Mullender and Morley 1994; McGee 2000; Mullender *et al.* 2002; Wuest *et al.* 2004; Eriksson *et al.* 2005; Humphreys *et al.* 2006a; Radford and Hester 2006; Hester *et al.* 2007; Eriksson and Nasman 2008; Overlien and Hyden 2009; Morris 2009; Lapierre 2010; Humphreys *et al.* 2011; Harne 2011; Eriksson 2012; Overlien 2013; Semaan *et al.* 2013). In-line with the approaches of many of these previous studies, the research presented in this thesis places emphasis on exploring the lived experiences, feelings and perceptions of children and mothers. Looking beyond research into domestic violence, this study may be seen as part of the broader trend within family studies and childhood studies to focus on the quality of relationships, the meanings behind everyday practices, and the lived experiences within families (Gillies *et al.* 2001; Morrow 2003; Williams 2004; Gabb 2008; Oliphant and Kuczynski 2011; Wilson *et al.* 2012).

This introductory chapter sets the scene for the thesis. The first section discusses how the study emerged, considering how my early readings led me to problematize existing approaches to domestic violence and mother-child relationships. The second section sets out the research questions which guide this thesis, the scope of the study, and why particular terms were used. Finally,

this chapter will provide an overview of the structure of the thesis, assisting readers to navigate the text.

Background and approach

The study effectively began during my MA in Research Methods at the University of Nottingham in 2009-10, when I read *Children's Perspectives on Domestic Violence* by Mullender *et al.* (2002). These authors criticised the domestic violence research produced within the North America developmental psychology-based field. They argued that 'most of the work in the USA and Canada' on children and domestic violence has been part of a 'quest for "psychopathology" in children who have witnessed violence against their mothers' (2002:13). Working within the UK/Scandinavian feminist field of domestic violence research, Mullender *et al.* moved beyond this focus on damage and harm by drawing on ideas from childhood studies (a field which has, at times, also been termed the 'new sociology of childhood') (James and Prout 1990; Qvortrup *et al.* 2009). Drawing on childhood studies enabled Mullender *et al.*'s research to conceptualise children experiencing domestic violence not just as victims but as active and agentic subjects.

In their brief chapter on 'Children's Coping Strategies', Mullender *et al.* presented an intriguing picture of children's agency in their relationships with their abused mothers. Specifically, they described how some (though by no means all) of the 54 children they had interviewed had coped by purposefully deepening their relationship with their mother and taking steps to protect and support her. Importantly, this did not appear to be a one-way process. Many of the children interviewed by Mullender *et al.* had reported that their mother was their most important source of support. As we saw in the quote at the beginning of the chapter, Mullender *et al.* viewed this mother-child supportiveness in

positive terms, as a factor that 'can contribute to the ability of them both to get through the experience' (2002:118).

However, mother-child relationships were not explored in great depth in Mullender *et al.*'s study, leaving many questions that I wished to explore further. I especially wondered what strategies mothers and children used to support each other on an on-going, everyday basis. I was interested in how they were able to give one another this support while living with domestic violence, where their actions might be constrained and where overt support could result in reprisals by perpetrators/fathers. I also wished to understand why some mother-child relationships may become more supportive than others, and to learn more about how mothers and children felt about the presence (or absence) of support in their relationships.

Given that Mullender *et al.*'s book had been published eight years previously, I expected that I would easily be able to find answers to these questions in the more recent research in this field. However, this was not the case. Mullender's next project involved action-research with colleagues to produce resources designed to rebuild damaged mother-child relationships in the context of recovery from domestic violence (see Humphreys *et al.* 2006a, 2006b, 2006c). Other scholars had continued to draw on childhood studies to explore children's agency in contexts of domestic violence, but had not focused on mother-child relationships (Erikson and Nasman 2008; Overlien and Hyden 2009).

I found only one study that extended Mullender *et al.*'s findings around the positive impacts of mother-child supportiveness. This was produced by the Canadian researchers Wuest *et al.* (2004). Their article 'Regenerating Family', published in *Advances in Nursing Science*, focused on how new, non-abusive family lives are created by mothers and children who have separated from perpetrators/fathers. Implicitly seeing children as agentic, Wuest *et al.* describe

these mothers and children acting as a team to produce and maintain their new lives. They also note that children experience this teamwork positively:

'By involving children in daily decision-making, children's engagement in the family team is encouraged. "We're not just mother and daughter. I'm not giving the orders and she's not following them sort of thing. She's on my level for a lot of things." One 12-year-old commented that being included in family decisions "feels excellent!".' (2004:265)

Wuest *et al.* suggest that, in the aftermath of domestic violence, children may enjoy taking responsibility within the family, and may contribute actively towards building new family dynamics. Yet, despite this important insight, their article was not incorporated into the knowledge-base of the field in subsequent years. It was not, and continues not to be, cited by the vast majority of the UK, Scandinavian or North American research on children and domestic violence.

Two points occurred to me as I read this body of research: (a) how little the phenomenon of mother-child supportiveness was mentioned, and (b) that whenever children's support for their mothers was discussed, it was often framed negatively, as inappropriate and burdensome for children. For example, in their review of the children and domestic violence research field, Holt *et al.*, drawing on Goldblatt (2003), state that:

'Adolescents may adopt care-taking roles for their mother and siblings and although this can [be] empower[ing]...the cost of over-parentification is a lost childhood and the likelihood of severe emotional distress.'
(2008:803)

There were barely any references within this research field to mothers and children that considered whether they were supporting each other in mutual and

reciprocal ways. Where references to the potential positives of supportiveness did appear, it was usually a passing mention. Mostly, the relevant passages focused on the negative impacts of domestic violence on mother-child relationships (Bancroft and Silverman 2002; Mullender *et al.* 2002; Humphreys *et al.* 2006a).

I took inspiration from the brief statements in existing literature which suggested that mother-child supportiveness may play a significant role in coping and survival. There is a tendency to mention such supportiveness in passing. For example, Humphreys *et al.* (2006a) explains, over three pages, how perpetrators/fathers can use multiple tactics to weaken and undermine mother-child relationships. The authors then state that:

'It is important not to stereotype all mother-child relationships as damaged in the aftermath of violence or to see the situation as wholly negative...Many mothers and children draw enormous support from each other: they develop protective strategies together.' (2006a:57)

I felt that exploring this theme more deeply could enrich theoretical understandings of how mothers and children experience, resist and recover from domestic violence, and that this could better inform policy and practice responses to domestic violence.

At this stage, I felt that I had identified a significant gap within the field of domestic violence research. I applied for, and was awarded, UK Economic and Social Research Council funding for doctoral research on this topic. My aim was to conduct an in-depth, exploratory study of the complexities of supportiveness between mothers and children in domestic violence contexts. I was aware that doctoral research into a relatively new area can make only a modest contribution to the field. The goals for this research were therefore to open new space within

the field, and to provide a set of findings that would stimulate further research on similar themes.

I continued to review a range of literature (especially during the first months of my doctoral study but also afterwards) to identify relevant texts. This process was organic, not systematic. The literature review was designed to explore the models and assumptions that underpin research into mother-child relationships in contexts of domestic violence, and also to examine the main findings of this body of research. Searches were conducted by tracing texts cited in other texts, and through tools such as Google Scholar and databases such as Web of Science.

This literature review also made me aware of relevant texts in the wider fields of childhood studies and family studies. This interdisciplinary reading added important theoretical dimensions, developing my awareness that individual scholars across many fields were challenging the assumptions that have underpinned research into families for the last several decades. In particular, I found several studies that were: (a) challenging the notion that children are passive in parent-child relationships, and (b) highlighting the active roles that children can play in these relationships.

I particularly noted the argument made by Canadian developmental psychologist Kuczynski, and his colleagues (Kuczynski *et al.* 1999, Kuczynski 2003), that research across the field of family studies was being constrained by its use of a unilateral model of parent-child relationships. This model, they argued, focused primarily on parents' agency, and their ability to influence their children. This was connected to a view of children as, essentially, passive objects that *receive* parenting and are *affected by* their parents' behaviours. For Kuczynski *et al.* this perspective was fundamentally limited. In its place, they proposed a bilateral model of parent-child relationships which sees both parents and children as active, agentic participants.

Similarly, the US researcher Arditti (1999) critiqued the tendency within family studies to highlight the 'deficits' of single-parent families and not to consider their potential strengths. Arditti argued that this occurs partly because, within the conventions of 'family systems theory', it is seen as dysfunctional when children become involved in parental disputes, have a degree of equality with parents, and/or give their parents support. Arditti questioned whether this reflects the real lived experiences and views of children in single-parent households. Conducting interviews with 58 young people from divorced, single-mother households, she found that these young people largely valued relationships with their mothers that were based on equality, friendship and emotional sharing. Many of these young people had given support to their mothers, but, at the same time, also reported receiving support from their mothers in ways that met their emotional needs. Overall, Arditti concluded that children gain potential benefits from having emotionally close, mutually-supportive parent-child relationships. She urged greater recognition and exploration of these benefits within the field.

Finally, UK researcher Morrow (2003) discussed how childhood studies was producing radically different understandings of the family. Morrow argued that, prior to the emergence of childhood studies, the majority of research into the family had focused on parenting, socialisation and family structure. Within this research, she suggested, there had been little consideration of children's lived experiences or agency within families. However, according to Morrow, 'if we look at the defining characteristics of "family" from *children's* perspectives, we find that [...it] is about mutual support and reciprocity' (2003:117). Looking further back, Morrow's point is supported by her earlier study with 183 children, aged 8-14, drawn from a broad community sample (Morrow 1998). One finding from this study was that 'nearly half of the older children included elements of mutual support in their definitions of what families are for, using phrases such as "caring for each other", "sharing" and "looking after each other"' (2003:120).

Having read the arguments of these authors – Kuczynski *et al.*, Arditti, and Morrow – I was able to gain a fuller understanding of the models and assumptions that have underpinned research into children and domestic violence. The three authors were not themselves writing about domestic violence: Kuczynski *et al.* were constructing a general theory of parent-child relationships, Arditti focusing on divorce, and Morrow considering 'ordinary' childhoods in contemporary Britain. However, I began to connect their findings with what I was observing. The broader trends that they had uncovered in the interdisciplinary fields of childhood studies and family studies were similar to the tendencies that I had found within domestic violence research.

I therefore became aware, more deeply, of why it was that the domestic violence field had given sparse, often negative attention to supportiveness between children and mothers. I began to consider whether the domestic violence research field was, in many respects, using the very approaches that Kuczynski *et al.*, Arditti and Morrow were challenging. Ultimately, then, the work of these authors helped me to develop my own understanding and analysis. In this light, I began to articulate my own response to the unilateralism that I felt was present in the domestic violence research field (Katz 2015).

In articulating my response, however, I used the three authors as sources of criticism *and* creativity. Each author had (though in separate fields, and without reference to each other) critiqued the idea that children giving support to their parents is pathological and dysfunctional. They had each noted, and disputed, the overriding focus on how parents influence their children, and the lack of attention paid to children's agency and their active roles within parent-child relationships. Yet they had also suggested that different approaches were possible, and these approaches were already in evidence in the unusual studies within the domestic violence field by Mullender *et al.* (2002) and Wuest *et al.* (2004).

Specifically, such research suggested to me that mother-child relationships in families with experiences of domestic violence could be further investigated to see if they were, in Kuczynski *et al.*'s term, 'bilateral'. Here, mother and child/ren could attempt to support each other; this supportiveness would flow in both directions, from mother-to-child and child-to-mother; and children, like mothers, would be agentic actors. One way of appraising such relationships is to see them as dysfunctional; as a harmful result of the damage caused by domestic violence. Yet, alternatively, these relationships may also be seen as productive acts of resistance against such negative impacts, and also as similar to the ways that mothers and children in 'ordinary' families support each other.

In developing this analysis, I was aware that bilateral supportiveness between mothers and children with experiences of domestic violence may have both negative and positive impacts. This may be because the giving of such support in contexts of domestic violence is likely to be more 'high-stakes' and challenging than the supportive given in families not experiencing any major adversity. I therefore believed that it was essential to understand the types of support being given between mothers and children with experiences of domestic violence, and the mother's and child's feelings about them. Within this, I wished to investigate the possible differences between situations where supportiveness may be mutual, and potentially more negative situations where the child is providing the majority of support within the relationship.

This thesis is therefore based upon a critical engagement with the existing domestic violence research field. Furthermore, it is based on a view that it may be helpful if aspects of the field were transformed. My early enquiries considered why there has been a lack of detailed research into the potential benefits of supportiveness between abused mothers and their children. This led to a problematisation of the underlying views, within the domestic violence field, regarding children's roles in parent-child relationships.

In contributing to the field, my research thus aims to go beyond the practice of filling a gap or finding an unexplored area in previous research. In-line with the 'problematism framework' of Alvesson and Sandberg, this thesis 'identif[ies] and challeng[es] the assumptions underlying the existing literature' (2013:47) by incorporating different theoretical approaches. The basis for this study is, accordingly, a different set of theoretical ideas, drawn from research in childhood studies and family studies, outside of the domestic violence field. By bringing together elements from these different research fields, this thesis asks and addresses more challenging research questions than would otherwise have been possible.

The research questions for this thesis were formulated two years prior to the publication of Alvesson and Sandberg's book. Nonetheless, the basic process undertaken within this project – of questioning the domestic violence field's underlying assumptions about mother-child relationships, and using alternative theoretical approaches – closely resembles the problematisation framework which they outline. I therefore believe it is useful to see my study as sitting within this newly-defined problematisation framework.

Research questions, scope and terminology

There are three primary questions that are addressed in this thesis, and also several sub-questions. These questions were formulated prior to the fieldwork, during my review of existing literatures, and formed the basis of this study:

1. Is there an element of supportiveness between children and mothers living with, and recovering from, domestic violence?

- 1a. Is supportiveness present to different extents in different families, including being absent in some families?
- 1b. What techniques, if any, do mothers and children use to support each other?

1c. How does supportiveness, if it is present, fit with other emotions or processes within mother-child relationships, such as anger, guilt and communication?

This first question intentionally asks 'Is there an element of supportiveness...', not presuming any element of supportiveness among the families in the study. This was seen as appropriate given the lack of previous detailed research into this topic. The sub-questions attached to the question enabled me to explore the varied ways that supportiveness was (or was not) present in mother-child relationships in the study, allowing the complexity of this phenomenon to be explored.

2. For what reasons do these relationships become more or less supportive while mothers and children are living with, and recovering from, domestic violence?

2a. What are the main factors influencing the levels of supportiveness in the relationship during the domestic violence?

2b. Are there factors that can improve the ways that these relationships are experienced once mothers and children have separated from perpetrators/fathers (e.g. can post-abuse interventions reduce guilt or anger, or increase positive communication in these relationships)?

This second set of questions focuses on the reasons why the mother-child relationships became more or less supportive. The aim here was to make a contribution to, and help to develop, existing research by Humphreys *et al.* (2006a, 2011), Morris (2009) and Lapierre (2010). Their research, without covering supportiveness directly, has considered in general how mother-child relationships are affected by domestic violence. For example, Humphreys *et al.* report that 'being emotionally abused, called names, intimidated and subjected

to morbid sexual jealousy belittles women in the eyes of their children, who frequently see and hear much of what is going on' (2006a:55).

Exploring the second set of questions, I was able to build on this finding by considering what impacts such abuse may have on *supportiveness* in mother-child relationships. Finally, these questions helped me to investigate the factors that promoted improvements in the mother-child relationships within the study, providing potential insights for policy and practice.

3. How are mother-child relationships experienced by children and mothers themselves over time?

3a. Are mother-child relationships experienced both positively and negatively?

3b. In what ways do the levels of supportiveness in mother-child relationships positively or negatively influence well-being in mothers and children?

This third set of questions emphasises mothers' and children's own views about the levels of supportiveness in their relationship. This was important because a central aim of this research was to explore mothers' and children's own perspectives and understandings of their lives.

Overall, the three sets of research questions emphasise two considerations. One is the terms (a) 'living with' and (b) 'recovering from', reflecting how the study explores both (a) the period when the domestic violence occurred, and (b) the recovery after separation from perpetrators/fathers. Secondly, the questions adopt a balance when referring to the nature and impacts of supportiveness, considering both the potential positives and negatives. This reflects the different findings around supportiveness by studies in the existing literature – most stressing the negative impacts of children supporting mothers, and some noting the positive benefits of mother-child supportiveness.

There is a vast literature on domestic violence, and an increasing portion concerns children and domestic violence (Overlien, 2010). However, the focus of this study is mothers' and children's lived experiences and views about their mother-child relationships and mother-child supportiveness. There are therefore many topics which fall outside the scope of this thesis. These include the developmental and clinical impacts that female and male children of different ages/stages may experience through exposure to domestic violence, and the responses of statutory services, particularly around safeguarding and child protection. These topics are much-studied within existing research (see Humphreys and Stanley 2006; Hester *et al.* 2007; Holt *et al.* 2008; Stanley *et al.* 2010; Stanley 2011; Howell 2011; Graham-Bermann and Levendosky 2011; Radford 2012; Hungerford *et al.* 2012 and Humphreys and Absler 2013 for some recent examples), but are not a major focus of this thesis.

The substantial body of research on attachment theory (see Prior and Glaser 2006; Howe 2011; Howe 2013) is also not utilised in this thesis, primarily for the reasons outlined above: that the main purpose of this study is to explore mothers' and children's lived experiences and views. Feminist critiques of attachment theory were also pertinent to my decision. As Buchanan argues, attachment theory tends to be 'informed by non-gendered, family violence perspectives...[that] exclude feminist knowledge of domestic violence as a gendered social problem [and] situate violence as an outcome of dysfunctional family relationships'. (Buchanan 2013:19-20). Furthermore, when attachment theory is used, mothers' own negative childhood experiences are often emphasised as explanations for their parenting difficulties as adults (e.g. Howe 2013). Emphasis is therefore deflected from a central cause of abused mothers' struggles to parent: the domestic violence of the perpetrator/father.

In terms of the definitions used within this thesis, the term 'domestic violence' is used with acknowledgement of its limitations (Hester *et al.* 2007). As Holt *et al.* (2008) discuss, domestic violence is a gender neutral term and

highlights physical violence while obscuring other aspects of control and abuse. Nonetheless, the term was used because domestic violence is 'the term most often employed in...the UK for violence from intimate partners and ex-partners, [and] is generally understood to be a form of gender violence perpetrated by males against females' (Morris 2009:415).

This thesis also uses the term 'perpetrators/fathers'. To my knowledge this is an original term not used in previous studies. I believed that it would be helpful to use this term as many researchers, including Eriksson *et al.* (2005), Radford and Hester (2006), Hearn (2011) and Humphreys and Absler (2013), have highlighted that a split is often made between men's perpetration of domestic violence and their fathering. This may have negative impacts on children's safety and well-being, as the harmful nature of their father-child relationships may go unrecognised in policy and practice. The term 'perpetrator/father' prevents such a split from being made and emphasises that, within this study, the perpetrators of the domestic violence were also the fathers or father-figures of the children. The only cases where this term is *not* used within the thesis, therefore, are two families where children never regarded their mother's partner as a father-figure.

Finally, after contemplating using the term 'children and young people', I decided to use 'children' to refer to the children of the interviewed mothers. Not only is the term 'children' more streamlined, it conveys the relational aspect of being somebody's child. In a sense, even as adults, we are *our parents' children* – and it is that relational aspect of participants' lives that is explored in this study.

Structure of the thesis

Chapters 2-4 provide a critical review of relevant existing literatures. Chapter 2 begins by examining the theoretical underpinnings of previous research into children, parenting and domestic violence. It argues that there are currently two barriers that generally prevent this research from producing a nuanced analysis of how children may support their abused mothers. These are: (1) the unilateral model of parent-child relationships, and (2) seeing domestic violence as physical incidents. To overcome these barriers, this chapter will suggest that this field could shift more fully towards a bilateral model of parent-child relationships and a coercive control-based definition of domestic violence.

Chapter 3 explores more deeply how the unilateral model limits understandings of children's support for their abused mothers, suggesting that it reverses normal roles within mother-child relationships and turns children into adults. By contrast, this chapter will show that a nuanced and potentially more positive view of mother-child supportiveness may be gained by adopting the bilateral model. Stepping outside the domestic violence field, this chapter also shows that, in 'ordinary' families not experiencing major adversity, mutual supportiveness between parents and children is widespread and valued. Chapter 3 considers how this normalcy of parent-child supportiveness can help us to understand the supports that may be exchanged by mothers and children with experiences of domestic violence.

Chapter 4 reviews existing research that suggests how mother-child relationships can be affected by domestic violence. The topics examined will include the ways that perpetrators/fathers may act to undermine mother-child relationships, and perpetrators/fathers own treatment of the children in their families. Also explored will be existing research into how domestic violence may affect mothers' parenting, and what is currently known about mothers' and children's experiences and relationships with one another after they have

separated from perpetrators/fathers. Throughout the chapter, the contributions made by this study to research in each of these areas will be identified.

Chapter 5 moves on to examine how this study was conducted. The ontological, epistemological and ethical frameworks of the research will be discussed. The chapter also explains the sample recruitment and composition, details of how the interviews were designed and conducted, and the researcher/participant relationships that were created. Finally, the chapter explores the approach taken in analysing and presenting the data. Throughout the chapter, there are reflexive discussions of the study's ethical challenges.

In chapters 6-10, the findings of this study are presented and discussed. Chapter 6 explores mother-child relationships and mother-child supportiveness during the domestic violence. This chapter identifies the five key factors linked to perpetrators/fathers' behaviours that influenced levels of closeness, distance and supportiveness between mothers and children during this period. In some families, these factors produced high levels of closeness and supportiveness between mothers and children, while in others, mother-child relationships were strained, distant and contained little supportiveness. Mothers' and children's feelings about these situations and their complex impacts are discussed in detail.

Chapter 7 turns to life after the domestic violence. The first half of the chapter focuses on the obstacles that delayed mothers' and children's recovery processes. The second half examines the crucial factors that assisted many mothers and children to begin recovering from domestic violence and strengthening their relationships with one another. It proposes that recovery may be helpfully conceptualised as a triangular process, consisting of: (a) mothers' individual recoveries, (b) children's individual recoveries, and (c) the recovery of mother-child relationships. This chapter suggests that professional supports were most effective when they assisted all three sides of this triangle.

Chapter 8 discusses the important recovery-work accomplished by mothers and children through their mother-child relationships. It highlights that

mothers and children were on the 'frontlines' of each other's recoveries, often using a variety of strategies and everyday practices to promote one another's well-being and minimise the long-term harms of the domestic violence. These strategies and practices included rebuilding each other's confidence, reassuring one another about the past, present and future, being attentive and affectionate, and spending positive time together. Both children and mothers were active users of these strategies, and often commented on their effectiveness.

Mother-child relationships were not all equally supportive during the recovery phase, and chapter 9 explores the complexity and variability of mother-child supportiveness during this period. A framework is presented for distinguishing between the different levels, contexts and impacts of mother-child supportiveness. Using this framework, the thesis identifies three patterns of mother-child support: (1) 'support in contexts of positive recoveries', (2) 'support in contexts of limited recoveries', and (3) 'struggling recoveries, struggling relationships'. This chapter offers a detailed discussion of how mothers and children felt about the supports that they gave and received in each of these different contexts. Overall, this chapter concludes that supportive mother-child relationships may be seen as contributing to the well-being of mothers and children if they are accompanied by: (a) good maternal mental health, with mothers feeling positive and able to cope, and (b) low levels of problems/conflicts between mothers and children.

Chapter 10 examines the mutual supportiveness that was occurring in many participants' mother-child relationships during the recovery phase. Children discussed how they valued 'doing things together' with their mothers, 'talking together', and 'supporting each other through everything'. Mothers expressed similarly positive feelings towards the mutuality in their relationships with their children, but also emphasised the actions they performed exclusively as parents, such as boundary-setting and guiding development. This chapter concludes that mutual supports were: (a) built into the daily fabric of mother-

child relationships, (b) could occur alongside effective parenting, and (c) often had positive impacts.

Finally, chapter 11, the conclusion, returns to the research questions of this study and considers how they have been addressed. Contributions to knowledge are then discussed, along with implications for policy and practice. Finally, study limitations and directions for future research are suggested, followed by closing comments.

Chapter 2: Two barriers to understanding mother-child supportiveness: The unilateral model and the physical incident model¹

Introduction

This chapter will review two of the academic literatures on children, parenting and domestic violence:

- A. The mainly quantitative, psychological research largely produced in North America: Jaffe *et al.* (1990); Holden (2003); Levendosky *et al.* (2006); Johnson and Lieberman (2007); Letourneau *et al.* (2007); Huth-Bocks and Hughes (2008); Sturge-Apple *et al.* (2010); Hungerford *et al.* (2012); Samuelson *et al.* (2012); Miranda *et al.* (2013) Boeckel *et al.* (2014).
- B. The mostly qualitative, feminist/child-centred, social work-based research created mainly in the UK and Scandinavia: Mullender and Morley (1994); Epstein and Keep (1995); McGee (2000); Bancroft and Silverman (2002); Mullender *et al.* (2002); Wuest *et al.* (2004); Eriksson *et al.* (2005), Humphreys *et al.* (2006a); Radford and Hester (2006); Hester *et al.* (2007); Buckley *et al.* (2007); Eriksson and Nasman (2008); Lapierre (2008); Overlien and Hyden (2009); Lapierre (2010); Radford *et al.* (2011); Hague (2012); Overlien (2013).

¹ This chapter includes material published in Katz, E. (2015) 'Domestic Violence, Children's Agency and Mother-Child Relationships: Towards a More Advanced Model', *Children & Society*, 29(1):69-79 [available online from April 2013].

In this chapter we will consider the presence within these literatures of two models: the 'unilateral' model (section 1, immediately below) and the 'physical incident' model (section 2, later in this chapter). These models are commonly used in the domestic violence research field, and have influenced our understandings of the relationship between children and their abused mothers. This chapter argues that it is possible to gain a fuller understanding of these areas by transcending the two models.

Section 1: The unilateral model

This section will examine the extent to which the analysis of parent-child relationships in the domestic violence research field is influenced by a 'unilateral' model and beginning to incorporate a 'bilateral' model. The bilateral model has been advocated as a more advanced alternative to the unilateral model. According to Kuczynski *et al.* (see also Kuczynski 2003; Kuczynski and De Mol 2015), the bilateral model is needed because:

'Research [on the family] has been constrained by...a unilateral model of parent child-relationships...where influence was assumed to flow in one direction, from parent to child. [...Within this model] parents were considered to be active agents capable of meaning construction and intentional action. Children were considered to be either passive recipients or victims of parental practices whose capacities for meaning construction and intentional action was usually ignored.' (1999:25)

In the unilateral model described here, children are seen as objects of parental action and their capacities for independent thought and action are obscured. Attention is placed on how parents influence children, and not on how children

may 'deliberately intervene to change parental behaviours, beliefs and attitudes' (1999:46).

This section argues that the bilateral model could usefully be adopted in domestic violence research. The bilateral model views the parent-child relationship as 'bi-directional'; that is, it has two directions of influence: Parents influence children, *and* children influence parents. It is the dynamic interaction between these directions of influence that creates the parent-child relationship. This model also conceptualises parents and children having equal agency, although not usually equal power to exercise it (see chapter 3).

The bilateral model can therefore be seen to offer a helpful framework for exploring:

- The impacts (including the potentially positive impacts) of support between mothers and children with experiences of domestic violence
- Children's varying experiences and feelings about giving support to their abused mothers

Outside the domestic violence field, the bilateral model has already been used, implicitly or explicitly, for over a decade. Within family studies, sociological and psychological research has shown that children in 'ordinary' families often see mutual supportiveness and problem-sharing between themselves and their parents as healthy and normal (Arditti 1999; Gillies *et al.* 2001; Morrow 2003; Oliphant and Kuczynski 2011). This research will be considered more fully in the next chapter. Meanwhile, the extent to which domestic violence research draws on bilateral or unilateral models will be explored below.

Introducing literatures A and B

Literature A: Predominantly quantitative, psychology based North American research

This research is focused on examining the multiple risks posed by domestic violence to children's emotional health and development. A review by Overlien (2010) suggested that this body of research accounts for approximately 80% of all research into children and domestic violence. Over the last decade, this research has increasingly investigated the reasons why some children appear to be harmed less than others (Prinz and Feerick 2003; Gewirtz and Edleson 2007; Graham-Bermann *et al.* 2009; Martinez-Torteya *et al.* 2009; Howell 2011). In doing so, it has particularly examined the role of parenting by abused mothers (Levendosky *et al.* 2006; Johnson and Lieberman 2007; Letourneau *et al.* 2007; Huth-Bocks and Hughes 2008; Sturge-Apple *et al.* 2010; Samuelson *et al.* 2012; Miranda *et al.* 2013; Boeckel *et al.* 2014).

Literature A can be seen as largely underpinned by the unilateral, rather than the bilateral, model. This can be seen in the tendency within this research to reduce the study of mother-child relationships to the study of mothers' parenting. For example, Letourneau *et al.* state that they conducted 'an analysis of the relationships between parents and children exposed to domestic violence' (2007:655); yet, in practice, their study analyses only the parenting practices of mothers. In-keeping with the unilateral model, this approach suggests that parenting *is* the parent-child relationship, rather than only one direction of a bi-directional relationship.

This literature also focuses almost exclusively on the parenting of abused mothers and its links to the presence/absence of behavioural problems in their children (Hungerford *et al.* 2012). Abused mothers are imagined as either protecting or further damaging their children through the quality of their parenting (Letourneau *et al.* 2007; Sturge-Apple *et al.* 2010). A dominant

assumption in this body of research is that 'maternal parenting behaviours may play key explanatory roles in understanding associations between inter-parental violence and children's adjustment difficulties' (Sturge-Apple *et al.* 2010:45). For example, Huth-Bocks and Hughes (2008) argue that 'there is considerable evidence that [mothers'] parenting stress has a direct effect on child-adjustment problems' (2008:245).

This body of research therefore examines several 'explanatory' aspects of maternal parenting, including mothers':

- Mental health (Levendosky *et al.* 2006; Miranda *et al.* 2013)
- Symptoms of Post-Traumatic Stress Disorder (Johnson and Lieberman 2007; Boeckel *et al.* 2014)
- Parenting behaviours/stress (Huth-Bocks and Hughes 2008)
- Parenting effectiveness (Gewirtz *et al.* 2011)

More recently, this literature has also begun to explore how mothers mediate the relationship between exposure to domestic violence and children's neurocognitive functioning (Samuelson *et al.* 2012).

The data collection in this research is mainly focused on measuring mothers' ability to take effective parental action. Often this is completed by measuring the parenting warmth of mothers or their adaptability, use of discipline, or mental health. Here, implicitly, children are often seen as objects. It is mothers' behaviour which is investigated for its roles in determining children's successful 'adjustment'. The majority of these quantitative psychological studies therefore do not collect data about children's agency, or about their active participation in the mother-child relationship (see e.g. Levendosky *et al.* 2006; Johnson and Lieberman 2007; Letourneau *et al.* 2007; Huth-Bocks and Hughes 2008; Sturge-Apple *et al.* 2010; Samuelson *et al.* 2012; Boeckel *et al.* 2014).

When data are gathered about children (through, for example, the Child Behavior Checklist or the Children's Depression Inventory), the aim is almost always to assess whether they are aggressive, withdrawn, depressed, or suffering from PTSD or other problems. The procedure is therefore limited to recording the level of damage sustained by children and their resulting behavioural (mal)functioning. These data are rarely accompanied by data on the active coping strategies used by children, or their ways of interacting with their mother on an everyday basis. As a result, considerations of children's agency or actions have been all but missing from this literature on domestic violence and mother-child relationships.

Literature B: Predominately UK/Scandinavian qualitative, feminist/child-centred research

This body of research explores mothers' and children's experiences of domestic violence from feminist and/or child-centred perspectives (Mullender and Morley 1994; McGee 2000; Mullender *et al.* 2002; Eriksson *et al.* 2005; Humphreys *et al.* 2006a; Radford and Hester 2006; Eriksson and Nasman 2008; Overlien and Hyden 2009; Lapierre 2010; Harne 2011; Eriksson 2012; Overlien 2013; Semaan *et al.* 2013). The study of mother-child relationships forms only a small part of this body of research, and the research produced about these relationships has mainly focused on how they are undermined by perpetrators/fathers as part of their abuse (Humphreys *et al.* 2006a; Morris 2009; Lapierre 2010). This research is having significant impacts on practice, with programmes having been introduced in some areas of the UK that focus on rebuilding mother-child relationships in the aftermath of domestic violence, such as the Community Group Programme in England (Nolas *et al.* 2012), termed 'Cedar' (Children Experiencing Domestic Abuse Recovery) in Scotland (Sharp *et al.* 2011).

Some research within literature B has placed emphasis on children's agency (Mullender *et al.* 2002; Eriksson *et al.* 2005; Eriksson and Nasman 2008; Overlien and Hyden 2009; Eriksson 2012). Drawing on theories from childhood studies (James and Prout 1990), this research sees children as active within domestic violence situations - calling the police, having their own opinions, and developing their own coping strategies (see e.g. Mullender *et al.* 2002; Overlien and Hyden 2009). It has critiqued the tendency within the North American research (literature A) to view children as passive victims of domestic violence.

From children's agency to the bilateral model: Has the bilateral model been fully incorporated by the domestic violence field?

Childhood studies has, over the past twenty years, considered how children may be active influencers of their environment and circumstances (Qvortrup *et al.* 2009). Agency is not generally seen here as conditional on its bearer being fully 'rational' or 'free' (Valentine 2011). Researchers have also ascribed it to children and young people who may be experiencing unsettled feelings and constrained circumstances.

As mentioned at the end of the last section, this concept of children's agency has already been incorporated by the UK/Scandinavian qualitative research into children, parenting and domestic violence (literature B). These UK/Scandinavian studies have argued that the quantitative psychological domestic violence research (literature A):

- Sees children as passive witnesses who 'suffer in silence' and are damaged by their experiences (Overlien and Hyden 2009:479)
- 'Marginalize[s them] as a source of information about their own lives' (Mullender *et al.* 2002:3)

By contrast, much of the UK/Scandinavian literature has emphasised how children who experience domestic violence are capable of making decisions, taking actions and influencing their surroundings.

However, I argue that the UK/Scandinavian research is similar to the North American research in seeing the mother-child relationship primarily in terms of mothers' parenting. It sees children as active *individuals*, responding with agency to the domestic violence, but it often sees them as *passive when relating to their mother*, rather than as active and agentic in providing her with support. Caring roles undertaken by children are frequently seen as burdensome and inappropriate, and there has been little consideration of whether they may, in some circumstances, be beneficial for mother-child relationships (Holden 2003; Holt *et al.* 2008; Stanley *et al.* 2012).

The best that is usually said about children's support, from this viewpoint, is that it makes children feel, *as individuals*, more mature and in control. It is as though we have to abstract children from the family, and the mother-child relationship, to see their agency, or to see it in a positive way. As Holt *et al.*, drawing on Goldblatt (2003), state: 'Adolescents may adopt care-taking roles for their mother and siblings and although this can [be] empower[ing...] the cost of over-parentification is a lost childhood and the likelihood of severe emotional distress' (2008:803). Viewed from this perspective, any benefits of children supporting their mother are outweighed by detrimental impacts. However, there is another approach, present in a few studies in the field, which implies a more sympathetic – and bilateral – conception of mother-child support.

A particular example where the bilateral model is implicit, though not explicit, is the UK study by Mullender *et al.* (2002). This research shows that, although children experience serious negative impacts from living with domestic violence, many:

- Wish to be treated as agentic subjects and to take active roles in decision-making
- Are more active in supporting themselves *and others* than was previously thought

Mullender *et al.* interviewed 24 mothers and 54 children (aged 8-17), and found that it is important for children to '[be] listened to and taken seriously as participants in the domestic violence situation' (2002:121). Many children in the study emphasised a wish to be informed and active in helping their mothers and other adults to find solutions: 'Grown-ups think they should hide it and shouldn't tell us but we want to know. We want to be involved and we want our mums to talk with us about what they are going to do – we could help make decisions' (2002:129). In discussing coping strategies, children commented on how they had taken agentic roles and encouraged other children, when experiencing domestic violence, to be active in supporting their mother and siblings, as well as seeking their support. The phrases they used, summarised by Mullender *et al.*, were:

'Help your mother be strong; Give your mum advice because sometimes she can't think straight; Have lots of cuddles with your mum and your brothers and sisters; Talk to your brothers and sisters; Get lots of reassurance and love from your mother; If you are a child, think what your mum is going through; Stick to your mum.' (2002:234)

Mullender *et al.*'s study suggests here that children's agency may be both individual and family-directed. Children may draw support from the other survivor(s) of domestic violence in their family, and support these other survivors, including their mother.

Furthermore, this family-directed support by children may have positive long-term effects, as described by this 14-year-old boy:

'I had to stand by my mum because she was not in the wrong. That pulled us through and made us stronger and better. We have been through a lot. We can feel for others and are better human beings' (2002:109).

This boy found that, in standing by his mother, they both experienced benefits: 'pulling through' and becoming 'stronger'. The potential benefits of children supporting mothers are also highlighted by Mullender *et al.* when they conceptualise this response by children as a coping strategy. This strategy, they suggest, often 'maintained or helped build [children's] own sense of themselves their self-esteem (and sometimes their mother's too)' (2002:130).

Overall, then, Mullender *et al.*'s findings highlight children's agency and their active roles mother-child relationships. They suggest that children supporting mothers may, in some cases, have positive impacts on both children and mothers. These findings created a basis within the UK/Scandinavian literature for further investigating the potentially positive impacts of mother-child supports. However, as we will see below, this basis has not yet been built upon by subsequent studies in the field.

The importance of explicitly introducing the bilateral model

In light of Mullender *et al.*'s findings, an explicit introduction of the bilateral model may help to enhance a number of areas in the domestic violence field. These will now be considered in turn.

Interpreting evidence of supportive behaviours by children

Evidence of child-to-mother support is not yet fully discussed in the qualitative feminist/child-centred literature (literature B). This literature highlights a range of important issues. Yet what is already apparent in this work, and could be extrapolated more fully through use of the bilateral model is how some children support and advise their mothers, and how this may produce a range of outcomes, both negative and positive, for mothers and children

Although this literature finds much evidence of such purposeful and agentic behaviours by children, it also tends to follow the unilateral model by:

1. Considering supportiveness to be a parental role that children should not adopt
2. Providing little discussion of children's agency in their mother-child relationships, and focusing on the agency of mothers
3. Marginalising cases where children's support for their mothers seems most positive
4. Assuming that children's attempts to support their mothers are unsuccessful or unreciprocated

These points will now be considered below, using examples from this literature.

- 1. Considering supportiveness to be a parental role that children should not adopt*

As we saw above, in their review of the (mostly North American) literature, Holt *et al.* repeat its warning over parentification, saying that: 'Adolescents may adopt care-taking roles for their mother and siblings and although this can [be] empower[ing...] the cost of over-parentification is a lost childhood and the likelihood of severe emotional distress' (2008:803). As we have seen, this

represents the tendency in much of the domestic violence literature to discuss children's supportiveness towards their mother in mainly negative terms. Supportive actions are seen here, through the unilateral model, as parental 'roles' that are 'taken over' by children. Yet as have seen above, they may alternatively be viewed through the lens of the bilateral model as a functional part of being a child that may exist alongside the continuation of parental roles by adults. These issues will be discussed in-depth in chapter 3.

2. Providing little discussion of children's agency in their mother-child relationships, and focusing on the agency of mothers

The expectation that only mothers are agentic within mother-child interactions may also affect the interpretation of findings. For example, Rhodes *et al.*, who conducted focus-group interviews with 39 women, did not develop an analysis of the deliberate interventions by children which are evident in their own data. Their findings include one mother describing how: 'My daughter's the one that ended up calling the very last time. The taxi cab; she called two cabs and said that we need to go somewhere safe' (2010:488). Another says:

'When the children were involved...that helped a lot, especially seeing (my daughter) and her cry, "Mommy, you don't have to have this happen". I mean, you know, a ten-year-old...knowing something that I just couldn't see...she was way above the intelligence that I was at that point.' (*ibid.*)

Both extracts are framed here as evidence of children's (passive) roles as objects of their mothers' concern. The first is treated as an example of a mother not wanting 'her children to have to take an active role in the process of leaving' (*ibid.*). The second is seen as an instance where 'concern for their children motivated mothers to ultimately seek help or leave the relationship' (*ibid.*). Yet the straightforward reading of the evidence is that, in these cases, the children

were as active, or potentially more active, than their mothers in the leaving process.

3. Marginalising cases where children's support for their mothers seems most positive

There are some studies that:

- Include findings which suggest the occurrence of supportiveness between children and mothers

But:

- Do not foreground those findings in the write-up text

This applies to the data presented by Mullender *et al.* For example, the authors mention families where: 'Mothers may turn to their children for support [besides] do[ing] their best to try and protect their children from knowledge and sight of violence' (2002:156). They also mention families where: '[Children] dared to tell the truth whilst living with the abuse, thus strengthening their mother's resolve to separate [...and] shored up [their mother's] decision to make it on their own' (2002:174). However, these cases are not explored in-depth by the authors, and far more attention is given to the difficulties and problems experienced by the mothers and children in their study.

4. Assuming that children's attempts to support their mothers are unsuccessful or unreciprocated

Within the research literatures, there is often a focus on the lack of success of children's supportiveness. For example, data on how children encourage mothers 'to leave or separate from their partners' are presented negatively by Epstein and Keep (1995:49-50). The authors report that children 'make suggestions to their mothers' but comment that 'such concern [by children] is not always acknowledged or appreciated by the mother herself', and that 'it can be

confusing and hurtful to a child when their mother does not accept or act on the advice she gives' (*ibid.*) (see also Hague 2012:22 for another example of this issue). Although it is important to highlight these negative effects, it may also be helpful to observe that mothers sometimes are responsive and children's interventions sometimes are successful (see above – Mullender *et al.* 2002; Rhodes *et al.* 2010).

Considering points 1-4 overall, I argue that adopting the bilateral model would be helpful in several ways. It would:

- Provide a framework for analysing and discussing findings around children supporting their mothers, so that these findings may be explored in more depth
- Enable the development of a more nuanced view of child-to-mother supportiveness

This would particularly allow us to investigate (as this thesis does) whether children give different levels of support to their mother (including lower levels that are not 'burdensome'), and the positive/negative impacts linked to these different levels of support.

Policy and practice impacts

Introducing the bilateral model may potentially have a positive effect on policy and practice and enhance the effectiveness of some interventions. For instance, Mullender *et al.* note that some of their child participants had not been consulted by the social workers assigned to their families, or given opportunities to share in decision-making. The authors suggest that: 'Some of the children...had wanted so much to be active in coping with the difficulties that it appeared they might have been subjected to further unnecessary detrimental effects by being prevented from doing so' (2002:129). It is possible (although not discussed by

Mullender *et al.*) that this exclusion from decision-making may have been especially distressing for those children who were actively supporting their mother and/or siblings. Failure to consult children and include them in decision making continues to be an issue across services (Radford *et al.* 2011:21).

Furthermore, professionals influenced by the bilateral model may be able to see children as capable of independently deciding to cease contact with perpetrators/fathers. Under the unilateral model, it is the mother who has the agency and influence in mother-child relationships. This unilateral view appears to be influencing the practice of those involved in legal proceedings over contact between children and separated parents. Bancroft and Silverman (2002), Eriksson *et al.* (2005) and Radford and Hester (2006) highlight the belief among these professionals that, if the child dislikes the perpetrator/father, this must be because they have been influenced by the mother. Bancroft and Silverman note the prevalence of this idea in the US:

'Families who remain the most unified and who have the greatest degree of psychological health among mothers and children appear to be among the most vulnerable to being labelled as having 'parental alienation', which can result in forced visitation for children with the batterer or even a change to being in his custody.' (2002:82)

This means that, ironically, the children who are most able to comprehend the wrong of the perpetrator/father's abuse may be those most pressured into a continuing, unwanted relationship post-separation – perhaps even with the perpetrator/father being awarded full custody.

This underestimation of children's ability to make decisions independently from their parents can have similar impacts in the UK, continental Europe, Australia and New Zealand (Eriksson *et al.* 2005; Radford and Hester 2006; Elizabeth *et al.* 2012). Radford and Hester highlight how, in the UK:

'Children who refuse contact with their fathers are portrayed as victims not of abuse but of their mother's 'parental alienation'. The solution...is to force the child to 'overcome' his/her fears by meeting with the father [while] threatening the mother and child with sanctions [including imprisonment] if visits do not go ahead.' (2006:115)

Children's decisions to end relationships with abusive fathers may therefore be overruled, with court officials asserting that (passive) children's opinions are being shaped by their mothers (Eriksson *et al.* 2005). It would be naive to think that children's decisions would immediately be taken more seriously in the courts because of developments in the domestic violence research field. Nonetheless, exploring children's agency in relation to their parents, grounding research more firmly and explicitly in the bilateral model, may be one step in this process.

Redefining the positive mother-child relationship

As already discussed, the bilateral model supports a view of positive parent-child relationships as relationships of mutual support between agentic parents and agentic children. This model is beginning to emerge, in parts, in some qualitative, feminist/child-centred research (literature B). Although this literature is generally constrained by several aspects of the unilateral model (issues 1-4 discussed in above), some texts within this literature are starting to recognise the potentially positive effects of children supporting mothers, and of children and mothers supporting each other:

'In cases where the mothers and children succeed in remaining unified against a batterer *[and] supporting each other*...the mother may increase her self-esteem and self-confidence...We have spoken to a number of battered women who state that their relationships with their children

were an important factor in their being able to ultimately leave the abuser.’ (Bancroft and Silverman 2002:77, my emphasis)

‘Our findings indicate that *closeness among family members* is key in creating a new, supportive family climate [post-separation]. In many cases, closeness and teamwork result in relationships between [mothers] and children that, when viewed through a traditional lens, are most consistent with that of ‘peers’. Our findings suggest the need for cautious assessments of such relationships and *recognition of their benefits in families with a history of Interpersonal Violence*.’ (Wuest *et al.* 2004:272, my emphasis)

‘[Children] talked openly about...formulating plans, and attempting to take responsibility for their mothers and siblings and overall for seeking out solutions. This type of involvement might mitigate in favour of *improved outcomes* for the children when they reach adulthood.’ (Hague 2012:30, my emphasis)

Already, these extracts show a step-change away from reducing good mother-child relationships to those where mothers are able to maintain a high standard of parenting (Letourneau *et al.* 2007). The next step may be for the domestic violence research field to use the bilateral model to explore and theorise these findings more fully.

Section 2: The 'physical incident' model

Increasingly, there is awareness among researchers, policy makers and practitioners that domestic violence does not consist solely of a series of violent incidents. Abuse is perpetrated through a multiplicity of methods, usually used in combination.

Coercive control: Advancing understandings of domestic violence

Domestic violence can be seen as a complex, continual pattern of coercive control (Stark 2007; Williamson 2010). The range of abuses can include:

- Physical violence, intimidation, harassment and threats of violence
- Sexual coercion and rape
- Emotional abuse and manipulation
- Financial abuse
- Monitoring of time
- Limiting of movement, including by stalking
- Isolation from sources of support

The aim for the (usually male) perpetrator/father is to comprehensively dominate, subordinate, control and force compliance from the 'victim' (usually his female partner or ex-partner) over a sustained time-period (Stark 2007).

Awareness of these different aspects of domestic violence (although not of their gendered nature) is reflected in the recent changes to the UK government's definition of domestic violence. This now reads:

'Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. The abuse can encompass but is not limited to:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.' (Home Office 2013)

This definition emphasises that physical violence is only one of the forms of abuse that may be occurring in cases of domestic violence. However, as we will see below, within research into *children* and domestic violence, we are yet to move as far from a narrowly physical incident-based model.

Fully adopting this wider, coercive control-based definition of domestic violence would bring into view many forms of child-to-mother support that are rarely considered. One reason for the limited discussion of such supports in the children and domestic violence literature (see above), is the focus within this literature on physical incidents. Attention often becomes confined to whether, and how, children intervened to stop physical violence – a form of support that is high-risk for children and may lead to injury.

However, conceptualising domestic violence as on-going coercive control may widen understandings of the ways that mothers and children can act to resist it. Using this lens, resistance no longer solely has to mean protecting each other from physical violence. There may also be resistance in subtle, commonplace acts of supportiveness between mothers and children at the everyday level. These could include giving a quiet compliment, or creating time and space to enjoy activities together away from the abuse. This thesis will, for example, explore the case of a child who resisted the perpetrator/father's attempts to emotionally abuse his mother by cheering her up, telling jokes and inviting her to watch comedic films with him in his bedroom.

The coercive control-based definition is currently emergent, but not yet dominant, within research on children's experiences of domestic violence. I outline this situation below.

The continuing influence of the physical incident model within children and domestic violence research

This subsection argues that:

- The physical incident model continues to be present within the children and domestic violence research field

Yet:

- The field is reaching a possible paradigm shift in which the model will be superseded by the coercive control-based definition of domestic violence

An example of the physical incident model in the quantitative psychological research (literature A) is the typology by Holden of the ways that children are exposed to domestic violence:

'The forms of [children's] exposure can be separated into 10 discrete categories...These types range from being actively involved in *the violent incident*, to observing the initial effects, to ostensibly being unaware of it. The first 6 categories reflect some type of direct involvement with *the violent incident* whereas the last four categories concern some type of indirect exposure to *the incident*.' (2003:152-3, my emphasis)

Similarly, in the qualitative, feminist/child-centred research (literature B), Overlien and Hyden analysed 'children's actions when experiencing domestic violence', but focused solely on 'episodes' of domestic violence: 'The aim of this article is, by analysing children's discourses, to investigate their actions or absence of actions during a domestic violence *episode*' (2009:479, my emphasis). Many of the examples of domestic violence cited by Stanley in her review of the field are also physical incidents. Summarising the research of Mullender *et al.* (2002), Stanley says that it: 'Emphasised the extent to which children and young people assumed active roles in coping with domestic violence, protecting their mothers and siblings and seeking help at the time of *the incident*' (2011:28, my emphasis). At the same time, however, the definition of domestic violence proposed in Stanley's review is not entirely incident-based. Stanley also discusses the need to include emotional and psychological abuse in models of how children are exposed to domestic violence (2011:28-29).

The field therefore appears to be in transition in its understanding of domestic violence. There is a frequent tendency to conflate domestic violence with physical violence through discussions of 'the violence' or 'the incident'. Yet research also, increasingly, investigates how children are affected by the full range of abuse by perpetrators/fathers, including emotional abuse and other aspects of coercive control.

This wider definition of domestic violence is implicit in many of the studies within the UK/Scandinavian literature. For example, Bancroft and Silverman

(2002), Mullender *et al.* (2002), Humphreys *et al.* (2006a), Radford and Hester (2006), Buckley *et al.* (2007) and Morris (2009) have outlined how children experience, and are affected by, the broad range of abuse occurring in their households:

1. Children may be living with the continued undermining of their mother's confidence, hearing a steady stream of insults about her
2. Emotional abuse may undermine mothers' mental health and well-being, and this could negatively affect mothers' parenting
3. Children could themselves be being emotionally manipulated by perpetrators/fathers
4. Without being sexually abused themselves, children may be harmed by hearing or seeing the perpetrator/father sexually assault their mother, or treat her negatively as a sexual object
5. Financial abuse, and the monitoring/limiting of time and movement, may mean that the mother cannot buy the children the foods/other items they want or take them out, even to activities with other children such as birthday parties
6. Children may be prevented from spending enjoyable time with their mother when she is forced to clean or cook
7. If the mother is isolated from sources of support, children may be isolated too – for example, by losing contact with the mother's side of their extended family
8. Children, seeing and hearing the perpetrator/father's physical violence or threats of violence against their mother, may live with the same sense of fear, anxiety and uncertainty as her
9. Children, not just mothers, may be restricted, and made afraid, by post-separation harassment and stalking

This awareness of children's experience of coercive control is aptly summarised by Mullender *et al.* – albeit still with an emphasis on physical violence:

'Some children particularly remembered the periods of aggressive shouting by the perpetrator, or other kinds of overpowering and controlling behaviour. These could create a constant tension – an atmosphere of everyday brutality that modified every aspect of life with the violent man. [Children] were conscious of domestic violence extending beyond individual attacks into constant fear and unease.'
(2002:184)

Morris has also given sustained attention to how domestic violence infuses the everyday lives of both children and women:

'Women and children experience a fusion of violence which permeates their everyday lives, through regimes of systematic coercion and control within households. Several scholars have described this as a "web" of control...Violence towards women and children is interwoven through time and intimate space into their daily lives, into their bodily and emotional reactions, into their beliefs and into their relationships with themselves and others'. (2009:417)

These extracts highlight the complex, on-going, everyday nature of domestic violence. They suggest that, if we are to gain a fuller understanding of how children may experience and resist it, we should explicitly widen the focus beyond physical incidents and towards the broader pattern of coercive control.

Conclusion

There are underlying models or ways of thinking that influence a field of research, shaping the way that issues are viewed and questions are asked. This chapter has argued that there are two issues causing difficulties in understanding mother-child relationships in the context of domestic violence:

1. The emphasis on physical 'incidents' distracts us from considering in detail how children and their mothers experience the full range of abuses involved in domestic violence, and how they may support each other to cope with and resist these abuses on a continual day-to-day basis.
2. When these wider experiences and efforts to support *are* identified, the field's use of the unilateral model means that they are usually interpreted and discussed in quite limited ways.

Consequently, there has been a general orientation towards the negative ways that mother-child relationships are affected. Children's support for their mother is often not identified. Even when it is identified, the unilateral model means that it is usually interpreted negatively as a 'role-reversal'. Sometimes positive benefits of children giving support are recognised, such as increased self-esteem in both child and mother (Mullender *et al.* 2002:130). However, often the child is seen to be taking on 'adult roles' or being 'burdened'.

Incorporating the bilateral model, we can still explore families with strained mother-child relationships, where children may support their mothers little, or, conversely, perform 'excessive' caring roles. These families have already received much attention in children and domestic violence research, albeit with little focus on children's agency. This thesis will discuss low-supporting families, and families where children's caring roles were experienced more negatively. Grounded in the bilateral model, this discussion will examine

when children's caring roles cross into excess, and assess the positive and negative impacts of mother-child supportiveness.

Fundamentally, a bilateral model – emphasising children's agency in parent-child relationships – enables us to consider a) the variety of means by which some children may be actively supporting their mothers; b) the range of supports that can be given to each other by mothers and children and c) the mix of positive and negative impacts that this may have. Ultimately, this may increase our understanding of the different ways that mother-child relationships are affected by domestic violence, shedding light on mothers and children's lived experiences.

This thesis therefore contains four key features:

1. It sees children as agentic, and fully able to contribute to their relationship with their mother
2. It suggests that support may be given and received by mothers and children at the same time (i.e. the child can give support *to* the mother while still receiving support *from* the mother)
3. It sees domestic violence as including multiple forms of abuse and coercive control
4. It explores the range of ways that mother-child relationships may be affected by domestic violence

These areas will be discussed more fully in the following two chapters.

Chapter 3: Parentification and mutual supportiveness in mother-child relationships

Introduction

The aims of this chapter are to:

- a. Discuss findings developed *outside* the domestic violence field that show that mutual support between mothers and children may be part of healthy mother-child relationships
- b. Draw upon this research as a resource for understanding mutual support in the context of domestic violence

Additionally, this chapter will critique the concepts of 'parentification' and of children taking on 'adult roles' that are used within research into children, parenting and domestic violence. It will argue that these concepts reflect the influence of the unilateral model of parent-child relationships. As outlined in the previous chapter, the unilateral model tends to see children as '*passive* recipients or victims of parental practices' (Kuczynski *et al.* 1999:25). By contrast, the bilateral model sees children as agentic contributors to parent-child relationships. This chapter will suggest that the bilateral model provides a more nuanced view of support between mothers and children who have experienced domestic violence.

Mutual supportiveness: Findings from studies outside the domestic violence field

To enhance our understanding of the supportiveness that may occur between mothers and children experiencing domestic violence, it is helpful to consider findings from studies that explore parent-child supportiveness outside this field.

As Wilson *et al.* (2012) observe, there are many studies that provide insights to supportiveness within families drawn from broad community samples, rather than families who have been identified as experiencing a particular adversity (Arditti 1999; Gillies *et al.* 2001; Morrow 2003; Oliphant and Kuczynski 2011). Considering the practices of support within these 'ordinary' families (Wilson *et al.* 2012) may be useful, therefore, as a context for understanding supportiveness in families experiencing domestic violence.

Mutual support between parents and children appears to be widespread within 'ordinary' families, and also part of many children's definitions of family. According to Morrow: 'if we look at the defining characteristics of "family" from children's perspectives, we find that [it] is about mutual support and reciprocity' (2003:117). Morrow's findings follow her 1998 study with 183 children, aged 8-14, from a broad community sample, which found that: 'Nearly half of the older children included elements of mutual support in their definitions of what families are for, using phrases such as "caring for each other", "sharing" and "looking after each other"' (2003:120). As one 13-year-old girl described: 'families are for helping you through bad times, cheering you up when you feel down, caring for one another.' (*ibid.*) Here, awareness is displayed that people in families care for each other and that any family member (the abstract 'you') may, in 'bad times', 'feel down' and require 'help' and 'cheering up' from any of the others. Citing another 10-year-old girl, supporting her busy working mother, Morrow adds that: 'The ways [that this child] contributed to her family were entirely voluntary, and there was no suggestion that she was burdened by her responsibilities' (2003:125). Morrow suggests here that, where a family is under stress, a child may potentially help a parent without sacrificing their own well-being.

Studies of relationships between children and parents in divorced families also cite the presence and importance of such support. Smart *et al.* note that many of the children in their UK sample discussed how their parent-child

relationships became more supportive: 'Divorce had intensified their appreciation of their parents and their desire actively to help them' (2001:73-74). Arditti found similar results with a sample of 58 American college students whose parents had divorced:

'Mothers were viewed as friends, and their withdrawal from perceived efforts to control was generally welcomed. Sometimes, mothers relied on children for emotional support or advice. Such behavior has largely been pathologized in the literature and seen as "inappropriate". In contrast, these data suggest that mothers leaning on children for emotional support contributed to a sense of equality, being needed, closeness, shared disclosures, and friend status. These qualities appeared to be valued by the young adults in this study.' (1999:116)

These young adults, discussing their current and childhood relationships with their mothers, reported feeling positive about this mutual support:

'We're like friends; very close friends. I tell my mother everything and she tells me a lot. It's good.' (1999:113)

'My relationship with my mother has always been really good. She's always been a confidante for me. I could always talk to her about things. And it really hasn't changed since the divorce. If anything, it's like strengthened our relationships because she's needed someone to lean on...Our relationship's really good because she talks to me about the things she's going through now.' (1999:114)

Arditti suggests here that older children value the sense of equality produced by this mutual support. In this scenario of individual development, where young

people were building their own independent identities, they saw no contradiction between this personal growth and offering support to their mothers. Nor had these mothers, in receiving support, been prevented from continuing to 'be there' for their children as parents. As Arditti describes:

'It does not appear, from the interview data, that mothers' reliance on children for emotional support or advice precludes mothers from engaging in more traditional parenting behaviors such as providing guidance. Perhaps mutual self-disclosure allows divorced mothers to capitalize on opportunities, not only to be heard themselves, but to engage their children in discussion and listen to their concerns.' (1999:118)

Ultimately, Arditti calls for recognition that the single-parent family – the main type of family examined in this thesis – offers a prime site for the investigation of mutual support. Such families provide a set of circumstances where parent-child relationships may be improved, not worsened, by the disturbance of the role-differentiation between mothers and children:

'There is some evidence that single mother parent-child relationships are characterized by greater equality, more frequent interaction, more discussion, and greater intimacy and companionship. [...These] are manifestations of flexibility that may be beneficial to divorced households.' (1999:116)

In cases of domestic violence, where the other parent is/has been abusive, mutual support, if it occurs, may be even more important for mother-child relationships. As we will see in the findings chapters of this thesis, it can be beneficial for mothers and children when the mother-child relationship contains

'more frequent interaction, more discussion, and greater intimacy and companionship' (*ibid.*).

The idea that both children and parents may value such relationships is supported by Gillies *et al.* (2001). Their UK-based study with 62 parents and 32 children (aged 16-18) found that parents saw their relationships with their teenage children in bilateral terms. Like the young adults interviewed by Arditti, these participants emphasised the importance of friendship and camaraderie:

'A large number of parents portrayed the changing dynamics and foundations of their family life as bringing an increased dimension and depth to their relationship with their children. Many mothers and fathers referred to their teenagers as "friends" or "mates".' (2001:30)

Furthermore, the idea of dealing with adversity by 'sticking together' or 'pulling together' was part of these participants' notions of mutual support:

'The words "closeness" and "togetherness" reoccurred throughout [parents'] discussions of families. This emphasis on intimacy was often associated with particular bonded experiences such as "living together", "doing things together", "going out together", "sticking together" or "pulling together"...Several people specifically made reference to family as a unit: "A unit, to be together" (Susan, White, working-class, mother); "A unit, a unit of people that pulls together" (Jim, White, working-class, father)'. (2001:26)

For these respondents, mutual support is more than just beneficial to a family. Rather, it is central to the definition of 'what family is for'.

The above studies have considered older children and young adults. However, there is also evidence to suggest that, in middle childhood, healthy

parent-child relationships also contain elements of mutuality and reciprocity. Interviews with parents of 4-8 year-olds by Harach and Kuczynski (2005), as discussed by Oliphant and Kuczynski, found that closeness and companionship was maintained mutually by children and parents through a range of everyday activities and behaviours including:

'Having fun together, sharing similar interests, treating each other with mutual respect, communicating with each other on an equal level, displaying affection, and making time to spend with each other. [Parents also described] maintaining a balance with behaviors that preserved their responsibilities as authorities e.g. teaching and guidance.' (2011:1107)

Similarly, Oliphant and Kuczynski, in their own interviews with parents of 7-11 year-olds, examined how: 'Parents and children interact on a mutual level and both are initiators and recipients of positive experiences' (2011:1105). Their study indicated that parents and children are both active in maintaining intimacy and closeness in their relationships. Children both initiated pleasurable interactions with their parents and were responsive to parents' initiations:

'Her jumping into bed with me in the morning is a very sweet thing and I like it...I can see that she wants to spend time with me and needs me and consequently I feel that I want to spend time with her and I probably need her for those morning hugs just as much as she needs me.' (2011:1117)

This quotation highlights the bilateral nature of parent-child relationships. It also suggests that it is through routine, everyday events and actions that children and parents often provide one another with emotional supports and have a positive impact on each other's well-being.

The studies reviewed in this section suggest that mutual support is constitutive of 'normal' parent-child relationships. These studies therefore raise questions regarding families in domestic violence contexts. These questions, listed below, emerged from my review of the literature discussed in this section. They are explored by this thesis, and augment the study's primary research questions, as outlined in chapter 1:

1. To what extent does domestic violence impede the development of mutual mother-child support?
2. To what degree, if any, does mutual support still occur between children and mothers despite the domestic violence?
3. To what extent, if any, might mutual support be present/emerge in the post-separation period when mothers and child are no longer living with perpetrators/fathers?
4. How does domestic violence alter the forms of support that are exchanged by children and mothers; e.g. is the support more 'high-stakes'?
5. How might differences in the forms of support that are exchanged shape mothers' and children's feelings about these supports; e.g. do mothers and children still feel positive about 'high-stakes' supports or might they express more mixed or negative feelings?

Considering mutual support as definitive of good mother-child relationships also raises the hypothesis that it is a sign of healthy recovery, not maladaptation, if it is observed among mothers and children who have separated from perpetrators/fathers and are living as single-parent families. As we saw in the previous chapter, this hypothesis is already supported by the results of Wuest *et al.*, based on their interviews with 40 mothers and 11 children recovering from domestic violence:

'Our findings indicate that closeness among family members is key in creating a new, supportive family climate [post-separation]. In many cases, closeness and teamwork result in relationships between [mothers] and children that, when viewed through a traditional lens, are most consistent with that of 'peers'. Our findings suggest the need for cautious assessments of such relationships and recognition of their benefits in families with a history of Interpersonal Violence.' (2004:272)

Wuest *et al.* therefore suggest that close, mutually-supportive relationships may be beneficial for mothers and children who have previously lived with domestic violence. This is a finding that is explored further in this thesis.

Parentification, domestic violence research and the unilateral/bilateral models

The studies reviewed in the previous section were grounded, implicitly or explicitly, in the bilateral model of parent-child relationships (Kuczynski *et al.* 1999; Kuczynski 2003; Kuczynski and De Mol 2015), enabling them to explore the positive experiences of parent-child mutual support within their samples. By contrast, within the domestic violence research field, children's support for their mothers has often been discussed in predominantly negative terms as children taking on 'adult roles' or being 'parentified' (Holden 2003; Holt *et al.* 2008; Stanley *et al.* 2012; Hague 2012; Swanston *et al.* 2014). This section will therefore explore these concepts of adult roles and parentification, and consider how they relate to the unilateral and bilateral models of parent-child relationships.

According to Hooper, parentification is seen as a dysfunctional situation because it represents a role-reversal between parent and child:

'It is generally believed that parentification in the family entails a functional and/or emotional *role-reversal* in which *the child sacrifices his or her own needs for attention, comfort, and guidance* in order to accommodate and care for logistical or emotional need of the parent...In parentification, the *parent(s) relinquishes executive functions* by delegation of instrumental roles to a parental child or by total abandonment of the family psychologically and/or physically.' (2007:217, my emphasis)

Parentification is therefore not a term that applies to *all* situations where children are giving support to a parent. It refers to child(ren) taking on the parental roles *and* parent(s) no longer parenting: The child's needs for attention, comfort and guidance are not met by the parent(s), and the child's care is not 'acknowledged, supervised, and reciprocated' by the parent(s) (Jurkovic *et al.* 2001:246). Such role-reversals do not necessarily occur when children care for a parent, as Evans and Becker (in the young carer literature) note:

'Caring relationships are rarely one-sided (with one person "giving" and the other "receiving") but rather are characterised by reciprocity and interdependence, whereby all parties both "give and take"...Proponents of the social model of disability have...rejected the notion that children [caring for parents] have to become their parent's parent.' (Evans and Becker 2009:11-12)

Yet, across the children and domestic violence research field, there is a tendency to use 'parentification' as a negatively-loaded shorthand for any instance of children supporting their abused mothers:

'As early as two years of age, there is evidence that children actively intervene to stop the conflict and attempt to comfort their parents. As children grow older, they maintain their parentified role in the family.'
(Patenaude 2000:7)

'One potential problem...occurs when there is "parentification". Here the mother turns to the child for comfort and support and inappropriately discusses the violence and her relationship with the perpetrator.' (Holden 2003:154)

'Adolescents may adopt care-taking roles for their mother and siblings and although this can [be] empower[ing...] the cost of over parentification is a lost childhood and the likelihood of severe emotional distress.' (Holt *et al.* 2008:803)

These extracts give no indication that the mothers have stopped parenting, and no details about whether the children's support is at a high level. This suggests either that high-level support is the only type children are providing, or that any level of support from a child automatically leads to complete role-reversal.

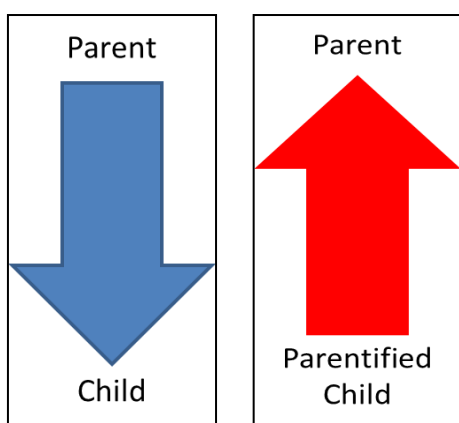
This over-use of the term 'parentification' in domestic violence research is a consequence of the unilateral model's continuing influence. According to Kuczynski, the unilateral model was associated with early, simplistic theories within developmental psychology. He describes 'the period before the late 1960s' as 'the great era of unidirectional research' (2003:ix). However, Kuczynski *et al.* argue that, despite the formal turn away from the unilateral model from the late 1960s, there has been a tendency over the subsequent decades for this model to continue, subtly, to underpin research across the broad field of family studies, influencing the research questions and methodological choices of researchers:

'Research has been constrained by...a unilateral model of parent child-relationships...where influence [is] assumed to flow in one direction, from parent to child. [...Within this model] parents [are] considered to be active agents capable of meaning construction and intentional action. Children [are] considered to be either passive recipients or victims of parental practices whose capacities for meaning construction and intentional action [are] usually ignored.' (1999:25)

Drawing on this analysis, three key features of the unilateral model are therefore:

1. It only recognises one line of influence in the parent-child relationship
2. It believes that, in 'normal' parent-child relationships, this line goes from parent to child, with parents actively parenting while children passively receive parenting
3. There is usually no recognition of children's abilities to form their own opinions and decide to initiate actions

Figure 1: A healthy parent-child relationship under the unilateral model (left) and a relationship containing child-to-parent support under the unilateral model (right)



The unilateral model therefore provides a limited framework for understanding children's support for parents, and it is the limited nature of this framework that is particularly problematic. This is because, under this model, parents and children cannot influence each other at the same time, meaning that mutual and reciprocal support cannot be recognised. Within the unilateral model, the line of influence in the parent-child relationship goes only in one direction. If a child is providing support for their mother, then, under this model, it can only mean that the line of influence must have reversed: The mother must have stopped directing any parenting at the child.

This is how domestic violence research underpinned by the unilateral model comes to the conclusion that a child supporting their mother has been parentified: They influence a parent, so they have *taken over* the 'adult' or 'parental' roles in the parent-child relationship. As Iwi and Newman (2011:13) comment: 'If the child feels they have to take on a protective role towards the parent, the parent-child relationship has effectively been turned upside down.'

Another consequence of this model only recognising one line of influence is that, in theory, any attempts by children to influence parents may trigger this role-reversal. The child then becomes parentified and responsible for the parent-child relationship, and the parent is no longer directing any parenting at the child. Hence, as in the extracts quoted earlier, any level of support from a child is (according to this model) enough to lead to parentification, and, once a child is giving support, it must be high-level, burdensome support because the child has taken over all of the parenting in the relationship.

Furthermore, because the unilateral model tends not to recognise that children have the ability to form their own opinions or decide to initiate actions, children's support for their parent(s) is usually seen as parent-initiated. This helps us to understand the statement by Holden (2003:154) that parentification occurs when 'the mother turns to the child for comfort and support and

inappropriately discusses the violence and her relationship with the perpetrator'. Although there may be times when mothers do elicit their children's support, there may likewise be times when children initiate support-giving and wish to provide support (see Mullender *et al.* 2002). Yet these times do not tend to be recognised under the unilateral model, and the possibility of children initiating support towards their mother is rarely mentioned (e.g. Holden 2003).

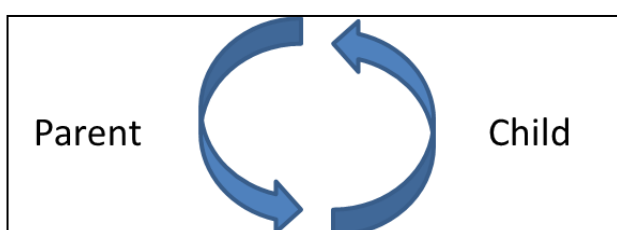
Finally, under this model, 'influence' is exerted by active parents; influencing a parent is not recognised as one of the roles of a child. Hence, within this model, a child cannot give support to a parent *as a child*, and, consequently, child-to-parent support cannot be a healthy occurrence. A child can only give support to a parent by taking on 'adult', 'parental' roles; which is seen as dysfunctional, inappropriate and harmful for the child.

In the preceding paragraphs I have discussed the limitations created by the unilateral model in understanding parent-child relationships. I have suggested that this model is continuing to influence research in the field of children, parenting and domestic violence. I am not arguing that the model is completely dominating the field. As discussed in the previous chapter, studies such as those by Mullender *et al.* (2002) and Wuest *et al.* (2004) take a more bilateral approach in their discussions of parent-child relationships. Many other studies acknowledge and explore children's agency and capacity to initiate action, though not so much in relation to their parent-child relationships. What I am arguing is that the unilateral model is influential to the point where it creates a *tendency* for research within the field to:

- a. View children supporting their mothers negatively
- b. Not distinguish between different levels of support
- c. Use words such as 'inappropriate', 'burden', 'role-reversal', 'adult/parental roles' and 'parentification' when describing children's support for mothers

By contrast, the bilateral model presents parent-child relationships as having two lines of influence: parent to child *and* child to parent. In the bilateral model, 'normal' parent-child relationships are those where parents influence children and children influence parents. Children and parents are also seen as having equal agency (though not usually equal power to exercise it), and there is recognition of children's abilities to form their own opinions and decide to initiate actions.

Figure 2: The bilateral model of parent-child relationships



Exploring further the premise that children and parents have equal agency, Kuczynski and De Mol (2015) distinguish between agency as an inherent human quality, and as the power and resources to express agency effectively. Within this theory, 'agency refers to the active contribution of human beings as components – parts – of a complex dynamic causal system'. All humans are assumed to have 'inherent capacities to make sense of the environment, initiate change, and resist domination by others' (Kuczynski and De Mol 2015:9). Thus, Kuczynski and De Mol suggest that children have equal agency to their parents from birth, but that children and parents are unequal in power and resources. As children mature, their power and resources grow, and children use increasingly sophisticated strategies to exercise agency and to influence their parents and the world around them.

The bilateral model therefore provides a more advanced framework for understanding child-to-parent supportiveness. Because there are two lines of influence (making up, as in figure 2, a circle of influence), child and parent may

provide support for each other simultaneously. As it is seen as part of a child's role to influence their parent(s), a child may give support to their parent as a child, and do so in ways that are 'normal', age-appropriate and potentially positive. Under this model, a child can also give support without taking over the relationship, and give support at different levels and intensities. The value of this model is therefore that it provides a much more nuanced basis for identifying and discussing parent-child supportiveness.

Under the bilateral model, it is possible to question whether a child is taking on 'adult/parental' roles by supporting their parent(s), or is giving support 'as a child'. This may be considered by exploring the level, intensity, context and meaning of the child's supportive actions. Even in cases where a child is giving a more adult/parent-like level of support, the parent may also be continuing to give their child adult/parent-like supports, suggesting a more complex situation than 'parentification'. Finally, the bilateral model recognises that children have the capacity to decide to initiate actions within parent-child relationships. This enables us to perceive situations where children have chosen to give their parents support, and also situations where children's support is elicited by parents.

These varied situations may be seen in two descriptions of children giving support to their mothers in contexts of domestic violence. These descriptions suggest the range of forms taken by such supportiveness. The first is drawn from research by Stanley *et al.*, and suggests a situation where parentification occurred:

'I used to have my mum crying on my shoulder, now isn't it supposed to be the other way round? Isn't it supposed to be you crying on your mum's shoulder? Whereas I had my mum sat on the stairs, crying on my shoulder at four years old asking me what she were going to do. Well I didn't know. I don't know how to deal with situations at four years old

and that's why it makes an impact, you end up more mature (Jodie, Young People's Focus Group 3).' (2012:196)

The second description, from one of my own interviews (and quoted at the beginning of the thesis), suggests a situation of mutual support:

'Mum would tell me how she felt, and I'd tell her how I felt, and we'd just be able to help each other and tell each other what we should do. Like sometimes she'd say she felt like a bad mum because she moved us away from our dad and I'd tell her she shouldn't feel guilty...Mum's definitely helped me a lot. She's made me feel better about myself and made me feel better about the situation.' (Grace, aged 14)

Drawing on the bilateral model, it is possible to identify significant differences between these accounts. In the first, Jodie only describes being asked to give support to her mother. This support appears to be mother-elicited and intensive (a distressed mother asking her child what she should do). Jodie does not mention receiving support from her mother.

By contrast, in the second extract, Grace describes her and her mother helping each other in successful ways. Although Grace does not give details, the phrase 'we'd just be able to help each other' indicates that it was manageable and achievable. Grace also stresses the positive benefits that she has received from her mother's support, indicating that her mother's parenting role continued alongside the support given by Grace.

It is important to note that Jodie describes supporting her mother during her early childhood, while Grace's support may have occurred during her middle childhood or early adolescence. Besides the factors discussed above, this difference in age may have played a role in one child producing a more negative and the other a more positive account of supporting their mother. Younger

children may be less equipped to give intensive supports to their parents. This once again suggests the importance of taking a nuanced and contextualised approach to the exploration of mother-child supportiveness. Children may have had different experiences, and researchers may need theoretical frameworks which enable them to identify and explore these differences.

My critical engagements with previous discussions of supportiveness therefore led me to consider the approach I would take to any potential supportiveness in my own study. If some or all of the children within my study were supporting their mothers, I wished to consider whether their mothers were also supporting them. I also wished to consider the context and nature of the supports in these families, and mothers' and children's feelings about them.

Conclusion

This chapter has critically evaluated the ways that child-to-mother supportiveness is framed within the existing research on domestic violence, children and parenting. It has argued that the continuing influence of the unilateral model in this field has created a tendency to over-use the concept of parentification when discussing children's supports for their abused mothers. This tendency is problematic because it suggests that all cases where children support their mothers are indicative of a dysfunctional role-reversal between mothers and children.

This chapter has suggested that the bilateral model of parent-child relationships offers a more nuanced and advanced framework for understanding supportiveness between children and mothers in situations of domestic violence. Under the bilateral model, children and parents may simultaneously give support to each other. Recognising children's agency in relation to their parents, this model also suggests that children may give support *as children*, rather than taking on 'adult/parental' roles.

Finally, this chapter has considered the supports that are present in 'ordinary' families drawn from broad community samples. Research on these families provides a helpful context for understanding supportiveness between mothers and children in families experiencing domestic violence. The results suggests that there is widespread mutual support between parents and children in 'ordinary' families, with many parents and children viewing 'helping each other' and 'being there for each other' as constitutive of normal parent-child relationships. This is particularly so with divorced, single-parent households. Research on these households, conducted in the UK, US and Canada, suggests that these children and mothers may value mutual mother-child supportiveness, and share closeness, equality, friendship, and open communication.

This thesis will explore the extent to which this bilateral mother-child supportiveness applies in families experiencing or recovering from domestic violence. It is clear that the dynamics in families experiencing domestic violence are different to those where there is no major conflict or adversity: One parent or parental figure is attempting to abusively undermine and control the other. The next chapter will review the existing research into parenting in this context of domestic violence. It will examine what is already known within this research, and what requires further investigation.

Chapter 4: Mother-child relationships in contexts of domestic violence

Introduction

Chapters 2 and 3 have critically analysed key ways in which mother-child supportiveness is conceptualised and discussed. We will now explore the contexts in which supportiveness or non-supportiveness may occur, and the factors that can impact on mother-child relationships within families experiencing domestic violence. This will be examined through a review of research in these areas, highlighting findings that are of relevance to this thesis.

The chapter divides into several sections. Firstly, it considers the ways that perpetrators/fathers may act to undermine mother-child relationships. It then explores the closely related topic of how perpetrators/fathers treat the children within their families, and the impacts this may have on children's relationships with their mothers. Next, it reviews the existing research into how domestic violence can affect mothers' parenting, including the ways that mothers may or may not be able to sustain supportive relationships with their children while suffering from domestic violence. The final sections consider what is currently known about mothers' and children's recoveries and their mother-child relationships after they have separated from perpetrators/fathers. Throughout, the chapter will identify the contributions made by this thesis to research in each of these areas.

Perpetrators/fathers' undermining of mother-child relationships

The previous chapter reflected on findings which suggest that, within 'ordinary' families, it is normal for parents and children to mutually support one another (Arditti 1999; Gillies *et al.* 2001; Morrow 2003; Oliphant and Kuczynski 2011). It

then proposed the question: 'to what extent does domestic violence impede the development of mutual support between abused mothers and their children?' One of the most significant findings of previous research in this area is that perpetrators/fathers may directly damage mother-child relationships (Humphreys *et al.* 2006a). They are often aware that their partner's role as a mother helps to give her confidence, and may wish to destroy that potential source of strength (Semaan *et al.* 2013). As Lapierre argues: 'Men's attacks on mothering and mother-child relationships are central to their exercise of control and domination' (2010:1446). Lapierre's suggestion is supported by the concept of the 'double intentionality' of many perpetrators/fathers' behaviour (Kelly 1994). Perpetrators/fathers intend to abuse:

1. The mother; by abusing and mistreating the children
2. The children; by exposing them to, and involving them in, the abuse of the mother

In pursuing these intentions, perpetrators/fathers may undermine mother-child relationships in several ways (Humphreys *et al.* 2006a), limiting supportiveness within these relationships. Firstly, violence before or during pregnancy may mean that women's experiences of motherhood feel painfully linked with their partner's abuse. Their pregnancies may have resulted from rape or coercion (Radford *et al.* 2011), or they may have been verbally and physically attacked for being pregnant (Radford and Hester 2006). This may affect mothers' ability to bond with their children, reducing the potential for supportive relationships to develop between mother and child.

As children become older, perpetrators/fathers may continue to undermine mother-child relationships in several ways (Radford *et al.* 2011).

These include damaging children's respect for their mother, preventing mothers from providing a healthy, consistent routine for their children and attempting to turn the children against their mother.

Within the literature, there are many examples of mothers describing these behaviours:

'If you have got someone talking to your mum like that all the time, then it would feel like you can talk to her like that too. Because, you know, it's normal if you grow up with it...you don't know that it isn't okay.' (Bridget, quoted in Lapierre 2010:1441)

'Oh, every time he wants to start abusing me he makes sure the children see, are there. He sits them down and tells them a lot of rubbish: "Your mother is a slag". He was using the children – trying to turn them against me...Fortunately when the children were growing up, they had seen things for themselves.' (Mother quoted in Mullender *et al.* 2002:162)

There may, therefore, be far-reaching impacts caused by these undermining tactics. As observed by Bridget, quoted above, children may believe the perpetrator/father's message that their mother deserves no respect and begin to behave accordingly. Meanwhile, the perpetrator/father may blame the mother for these problems by telling her how incompetent she is as a parent (Stanley 2011). This may create a negative cycle whereby mothers experience their relationships with their children as stressful, unhappy, and beyond their control.

However, this is not always the case. Some mothers may largely be able to see through perpetrators/fathers' attempts to undermine their view of their own parental competence. An example is the comment by the mother quoted above by Mullender *et al.*, that what the perpetrator/father was telling the

children was 'a lot of rubbish'. This quote indicates that children, too, may be able to reject perpetrator/fathers' attempts to undermine mother-child relationships. Children may exercise their own agency and judgement (Mullender *et al.* 2002; Overlien and Hyden 2009) and, 'see[ing] things for themselves' (*ibid*), may be able to decide that it is mostly the perpetrator/father's actions that are unacceptable.

Given these differences in mothers' and children's responses to the undermining of their relationships,

'It's not surprising that relationships between mothers and children within and after domestic violence are complex and varied – affected by the ways in which children have been used and by their level of understanding of the events in their household.' (Mullender *et al.* 2002:163)

Furthermore, there appears to be no binary alternative between mother-child relationships being entirely unaffected or comprehensively damaged. Results from this literature indicate that mother-child relationships may a) retain an element of resistance even when they are significantly damaged by perpetrators/fathers, or b) incur a degree of damage even when they mostly withstand perpetrators/fathers' attempts to undermine them.

The impacts of perpetrators/fathers' undermining tactics may therefore be seen as complex and wide-ranging. Being aware of this complexity helps us to understand the finding of Mullender *et al.*, reported by Humphreys *et al.*, that: 'Mothers were the single most important source of help and support reported by children, even where their relationships had not survived unscathed' (2006a:57). Children may therefore still value the supports provided by their mothers even when their mother-child relationships have been to some extent undermined.

Further research in this area would help to illuminate the intricacies of these situations.

Overall, the findings within this literature have shown that:

1. Mother-child relationships are often significantly and deliberately damaged by perpetrators/fathers' use of particular undermining tactics
2. The outcomes of these tactics are mixed and complex
3. There is considerable variability in the success of these tactics

As discussed in chapter 1, mother-child supportiveness has received limited attention in the existing domestic violence literature. Little is known about why mothers and children may be able to support one other to greater or lesser extents (Mullender *et al.* 2002). However, the previous research analysed in this section has suggested some possible factors that may be influencing the levels of supportiveness. Where mother-child relationships are undermined by perpetrators/fathers, the development of mutually-supportive relationships may be impeded. Conversely, if mothers and children are able to resist the undermining of their relationship, they may, potentially, be abler to develop supportive relationships with one another.

Further research is therefore required into the links between perpetrators/fathers' undermining of mother-child relationships and levels of supportiveness in these relationships. Greater understanding of the factors that influence why some mothers and children appear abler to 'see through' and resist this undermining than others would also be helpful. These emergent areas of enquiry are explored in this thesis, with the results presented in chapter 6.

The parenting of perpetrators/fathers

The parenting of perpetrators/fathers is a further factor that may impact on the ability of mothers and children to develop or maintain supportive relationships with one another in contexts of domestic violence. The way that a perpetrator/father treats the children within a household may have significant effects, influencing how children and mothers come to perceive the situation within their family, and the level of supportiveness that develops between them.

There is a small but growing body of research into the parenting of men who perpetrate domestic violence (Bancroft and Silverman 2002; Beeble *et al.* 2007; Edleson and Williams 2007; Harne 2011; Cater and Forssell 2014). Such research is still relatively rare within the field as a whole (Stanley 2011), and data about perpetrators/fathers' parenting are not gathered by most studies (Hungerford *et al.* 2012). Furthermore, with the exception of Bancroft and Silverman (2002), studies in this area have rarely considered the interface between the parenting of perpetrators and mothers' and children's abilities to sustain supportive relationships with each other. This interface is explored within the findings chapters of this thesis. To ground this exploration in existing knowledge, this section summarises some of the key findings of previous research into the parenting of perpetrators/fathers.

Previous research in this area, summarised below by Holt *et al.* (2008:801), has suggested that perpetrators/fathers are:

- 'Less likely to be involved with their children and more likely to use negative child rearing practices, such as slapping
- More controlling and authoritarian, and less consistent
- More often angry with their children
- Less likely to allow freedom of expression, creativity and structure in their children's lives

- Poor role models with regard to relationships and conflict resolution'

In addition to this, Mullender *et al.* (2002) identified that perpetrators/fathers tend to be focused on meeting their own needs, and often put themselves, not the child, at the forefront of family life: 'A number of mothers and children described how the man, whether he is the children's own father or not, wants to be the centre of attention and is literally jealous of any care given to the children' (2002:184). What perpetrators/fathers often show, then, is a lack of regard towards children's needs, and a desire to dominate the household (Morris 2009).

However, as the quotations below illustrate, this may be expressed by perpetrators/fathers in varied ways. The findings of multiple studies have suggested that many perpetrators/fathers directly abuse their children (see Holt *et al.* 2008 for a review of these findings), sometimes subjecting them to the same regimes of control and violence as their mothers (Harne 2011). By contrast, other perpetrators/fathers achieve their power within the household by emotionally manipulating the children into aligning with them, undermining the mother-child relationship, and isolating the mother within the family (Bancroft and Silverman 2002):

'The batterer may make a concerted effort to win the children's loyalty and may be markedly attentive and positive with them. He may joke and play, spend money on them, or take them out to do things. Thus, it is not uncommon for children to see the batterer as the "fun" parent and to blame their mother...for the battering.' (Bancroft and Silverman 2002:59)

Conversely:

'Children and young people describe a catalogue of fathers' cruel and emotionally abusive behaviour towards them, such as destroying school work, school reports and toys, harming pets, not allowing children out of the house, not allowing them to speak to their mothers, and not allowing friends to phone or come to the house. Some fathers are shown to deliberately emotionally abuse children and young people, insulting them and humiliating them in a similar way to their mothers.' (Harne 2011:28)

Connecting these findings to the topic of this thesis, impacts on mother-child relationships may vary depending on perpetrators/fathers' parenting styles. On one hand, supportive mother-child relationships may be less likely in families where a perpetrator/father lavishes attention on the children. If a perpetrator/father makes concerted efforts to get the children on his side, it may impede their ability to perceive the perpetrator/father as a domestic abuser. Conversely, where mothers and children are being subjected to the same forms of abuse from a perpetrator/father, this may potentially be one factor that leads them to, in the words of Humphreys *et al.*, 'draw support from each other' and 'develop protective strategies together' (2006a:57). Chapter 6 investigates this issue by analysing the effects that different styles of parenting from perpetrators/fathers had on levels of supportiveness between the children and mothers who participated in this research.

Negative impacts of domestic violence on mothers' parenting

Besides being undermined by perpetrators/fathers, supportiveness between mothers and children may also lessen through the negative impacts of domestic violence on mothers themselves. For many reasons, mothers suffering from

domestic violence may struggle to sustain strong, positive relationships with their children.

One cause may be poor mental health. Domestic violence has numerous psychological effects, including 'distress, fear, depression, anxiety, post-traumatic stress disorder and suicide. Poor mental health may be caused by emotional and sexual abuse, not just physical violence. Many of the 180 participants in a study by Humphreys and Thiara (2003a) highlighted how their mental health was impaired by being called 'fat' and 'stupid', being prevented from voicing their opinions, and being sexually coerced over several years.

Studies on mothering in contexts of domestic violence have indicated the negative consequences for parenting. As Lapierre discusses:

'[Abused women] report a significant loss of control over their mothering. This is due to the fact that violence impacts on their physical and mental health, making it more difficult for them to perform the hard and time-consuming work involved in caring for their children (2010:1444)

In some cases, mothers may become abusive towards their children as a result of these emotional impacts (Damant *et al.* 2009). As Radford and Hester outline, women experiencing domestic violence often 'lost confidence in their mothering, were emotionally drained and distant, felt they had little to give their children and at times took their frustrations out on them.' (2006:27)

Similar studies have discussed how the parenting of abused women may be affected by feelings of self-doubt and self-blame. It is well-established that perpetrators/fathers may use several tactics to induce these feelings in mothers, such as alternating between periods of abusive and loving behaviour, blaming their partner for the violence, and/or claiming that they can change (Anderson and Saunders 2003). Faced with this manipulation, women may struggle over a prolonged period to understand what is actually happening within their

relationship. While this manipulation is on-going, women are unlikely to recognise the impacts of domestic violence on their children, compromising in some ways their ability to protect them. As this mother explained:

“Well, I cared for them as far as their health was concerned – their food their clothes and everything like that. But, obviously, mentally, I was so mentally confused. I loved them dearly and I would have died for them. But I couldn’t see the things that were happening to them because I was in too much of a state myself”.’ (Mullender *et al.* 2002:160)

Mothers’ coping strategies for surviving within the relationship – telling themselves that they are suffering less than they are, making excuses for perpetrators/fathers, or becoming emotionally numb – may, in some families, lead to a lack of communication between mothers and children:

‘[Women] maintained a “front” of being okay so they could cope on a daily basis. It may be harder for a woman to talk to her children about their feelings if she is trying to cope herself by pretending that all is well.’ (Radford and Hester 2006:41)

If mothers cannot ‘see the things that are happening’, they may be unable to engage with their children’s views about the abuse, impeding their ability to support their children or to accept any help that their children may attempt to give them. In these circumstances, engaging in any kind of dialogue with their children about the domestic violence could undermine mothers’ coping strategies. This may lead mothers to suppress this dialogue and deflect any attempts made by their children to communicate with them about the situation (Goldblatt *et al.* 2014). Therefore, in families where domestic violence impacts

on mothers in this way, bilateral mother-child supportiveness may be all but absent.

Within the research on mothering and domestic violence, mother-child communication has been explored in depth. Haight *et al.* suggest that the age of the children plays a role in mothers' non-communication, with mothers feeling that their children were too young to understand the violence or that they did not have the skills to explain it to them. Another factor that often prevents mothers from communicating openly with their children is their feelings of self-blame for what their children have experienced (Humphreys *et al.* 2006a). This tendency to self-blame is noted by Mullender *et al.*, whose interviews with 54 children and 24 mothers revealed that: '[a] sense of failure and guilt is probably the most common feeling reported by all mothers' (2002:158). These feelings may also have an impact on mothers' ability to engage in supportive relationships with their children, an issue which is explored further within the findings chapters of this thesis.

In this section we have seen that mothers experiencing domestic violence may, in some ways, struggle to parent. The consequences of the domestic violence may reduce their capacity to engage in supportive relationships with their children. However, findings from previous studies also suggest that there are many ways that abused mothers do take positive actions to support and protect their children. The next section will explore the findings of research in this area.

Mothers protecting and supporting their children

The ways that mothers act, while experiencing domestic violence, to protect and support their children is still under-discussed. As Sullivan *et al.* (2000), Lapierre (2008) and Semaan *et al.* (2013) highlight, the majority of research in this area has focused on exploring women's deficits and struggles to parent, rather than

their strengths. However, the results of several studies show the efforts that are made by abused mothers to protect their children from physical and emotional harm, and the significance of those efforts for their children. Mothers may be supporting their children in important ways even when they are struggling with other aspects of their parenting.

As Semaan *et al.* argue, based on their interviews with 25 women, mother-child relationships in contexts of domestic violence may be damaged in some ways but also have strengths:

'Women who are abused by their intimate partners are not simply victims; rather, they respond to domestic violence as agents who use the power they have both to protect their children and to resist the various ways they are subordinated and abused.' (2013:70)

In some cases, the circumstances in which abused mothers are living may make them *more* protective and supportive of their children than mothers who are experiencing little adversity (Lapierre 2010).

The efforts made by abused mothers may, in many cases, derive from their sense that – with an abusive partner – they alone are responsible for the children's welfare. This, in turn, may prompt them to develop strategies to look after their children as much as possible (Lapierre 2010). This idea is supported by Semaan *et al.*, who state that:

'Contrary to the view that battered women with children are irresponsible parents, [our] study indicates that despite the amount of time and energy battered women need to spend focusing on their own survival, they are very concerned about the welfare of their children. Far from being neglectful parents, the mothers in this study went to great lengths to care for their children.' (2013:76)

One of the most important aims of mothers in this regard may be to protect their children from witnessing or being hurt by perpetrators/fathers' physical violence. This aim was discussed by some of the 26 mothers interviewed by Lapierre, who described trying to ensure that the children were in bed or that loud music was playing to muffle to the noise of an attack.

Furthermore, research suggests that mothers' support often extends beyond physical protection to encompass emotional support: 'I talked to them a bit about what was happening, but they were so little. So I thought the best thing to do was to give them a lot of cuddles – loving security' (mother quoted in Mullender *et al.* 2002:166). Such emotional support strategies were used by the 17 mothers interviewed by Haight *et al.*, both during the domestic violence and post-separation. These mothers gave children love and reassurance, helped them to see that the violence was not their fault, and also assisted them to manage traumatic experiences and to realise that abuse is not acceptable in relationships:

'Reassuring and supporting: Mothers described the importance of providing their children with emotional support, including reassuring them that they are loved, they will be taken care of, they are safe now, the fighting was not their fault, and leaving was a good decision.' (2007:53)

'Limited truth-telling: Mothers emphasized the importance of providing children with factual information, but doing so in a way that does not further traumatize them. Mothers stressed, "Don't lie to them about it," and, "Answer their questions". The challenge is to provide enough information to honestly address the child's concerns without causing additional distress.' (*ibid.*)

'Instilling hope: Mothers also discussed the importance of instilling hope in their children by directing their attention to the future or, if the abuse had ended, the present. Mothers spoke of the importance of helping children to "move on" and not "dwell" on the trauma, and of letting the child know that "things will get better"' (*ibid.*)

'Prevention education: Mothers stressed to their children that violence is wrong, taught alternative responses to interpersonal conflict, and provided substance abuse education.' (*ibid.*)

Such actions may have a positive impact on children's well-being in both the short and long-term.

The studies reviewed in this section highlight the ability of mothers to support their children in contexts of domestic violence. The significance to children is suggested by Mullender *et al.*:

'Mothers are cited more frequently by children who have lived with domestic violence as their most important source of help than anyone else in their lives...Their relationship with their mother is most children's major support in coping...Women may need positive reinforcement in this role which, at present, they rarely receive.' (2002:210-11)

What these studies tend not to do, however, is examine whether, and in what ways, children may be reciprocating this support, producing mutually-supportive mother-child relationships. This is an issue that the findings chapters of this thesis will explore.

Post-separation problems for mothers and children

So far, this chapter has explored existing research into parenting *during* the domestic violence. The next two sections will explore what is currently known about mothers' and children's post-separation lives. This present section will consider the problems faced by mothers and children after separating from perpetrators/fathers. The next section will explore how mothers and children can recover in the post-separation phase. Both sections consider the potential impacts of post-separation problems or improvements on mothers' and children's capacities to support one another.

After separation, mother-child relationships are often affected by on-going violence or harassment. This is a particularly high-risk period, as violence may escalate rather than decrease (Fleury *et al.* 2000; Humphreys and Thiara 2003b; Radford and Hester 2006; Thiara and Gill 2011). As Stanley (2011) notes, on-going violence and harassment from perpetrators/fathers is one of the biggest obstacles to recovering from domestic violence.

The negative impacts of this continued violence and harassment are highlighted by interview-based studies with mothers and children. For example, Radford and Hester (2006) reported that many of the women they interviewed were still living with constant fear long after separating from perpetrators. Wuest *et al* also state that:

'Contrary to dominant views that leaving an abusive partner eliminates exposure to abuse and allows family members to heal or recover, we discovered that there is a continuing intrusive pattern of harassment for as long as 20 years. Thus, while family members may no longer be subject to continuous abuse or harassment, they are not completely free of it.' (Wuest *et al.* 2004:272)

Hence, after leaving, mothers and children may be scarcely better off than before, still unsafe and continually living in fear.

So far, there has been little attention paid to how post-separation violence affects mother-child relationships. Knowledge would be developed by further research, and this is explored in chapter 7. However, the findings of Wuest *et al.* indicate the importance of children feeling confident in their safety: 'Children who have experienced IPV [inter-personal violence] need to believe that the family climate will not return to its former state. When the ex-partner continues to harass, mothers find it difficult to provide this assurance' (2004:267). Wuest *et al.* suggest here that children's well-being after separation depends partly on not fearing on-going violence or harassment from perpetrators/fathers. This clearly has ramifications for mother-child relationships. Such fear, inhibiting children's (and mothers') recoveries, may make it harder to rebuild mother-child relationships that have been strained and damaged.

Post-separation contact with perpetrators/fathers has also been identified as an issue that may affect the well-being of mothers and children. There has been much research in this area (Bancroft and Silverman 2002; Eriksson *et al.* 2005; Radford and Hester 2006; Beeble *et al.* 2007; Harrison 2008; Harne 2011; Hester 2011; Elizabeth *et al.* 2012; Watson and Ancis 2013; Radford 2013). This section will review some of the findings that are most relevant to this thesis, considering the impacts that post-separation contact may have on the ability of mothers and children to support one another.

Research on this topic has suggested three primary reasons why contact may be unsafe for children and mothers, each of which relates to contact providing opportunities for perpetrators/fathers to continue abusing (Thiara and Gill 2011). Firstly, there is a correlation between children's contact with perpetrators/fathers and on-going abuse and violence towards the mother. Stanley summarises the results of several studies in this area:

'The 2001 BCS [British Crime Survey] reported that where women continued to see their former partner because of the children, this contact resulted in threats, abuse and violence in over a third of cases (Walby and Allen 2004). Radford and Hester (2006) found the vast majority of women (94% and 92%) participating in their two studies of contact arrangements reported being abused post-separation in the context of contact.' (2011:21)

Secondly, children may be abused by perpetrators/fathers on contact visits. This danger has been suggested by Radford *et al.* (1999). They found that, out of 321 children, 30% were shouted/sworn at, 16% were hit or 'slapped hard', and, in 28% of cases, perpetrators/fathers were drunk or on drugs during contact. Many of the mothers in that study reported that children's contact with perpetrators/fathers was creating behavioural problems similar to those experienced by children still living with the domestic violence. These included bedwetting, nightmares, agoraphobia, and delayed development.

Thirdly, post-separation contact provides opportunities for perpetrators/fathers to continue undermining mother-child relationships, generating on-going problems in these relationships (Thiara and Gill 2011; Radford 2013). Research suggests that, during and after separation, there may be an escalation in perpetrators/fathers' attempts to undermine the mother-child relationship. For instance, in a US-based quantitative study by Beeble *et al.* (2007), approximately half of the 156 mothers in the sample reported that perpetrators/fathers were trying to turn their children against them. However, the proportion was higher among the mothers in the sample who were already separated from perpetrators/fathers.

The continuing influence of perpetrators/fathers may impede the ability of mothers and children to move forward by developing more positive family

relationships. Mothers may, after separation, wish to introduce new rules and standards of behaviour within their family. However, 'the extent to which the newly established standards are supported by the children's father is a key factor that shapes how this process unfolds' (Wuest *et al.* 2004:267). If the perpetrator/father persuades the child to ignore their mother's new rules, strains in mother-child relationships may continue. Problems that began through the perpetrator/father's undermining of the mother-child relationship, such as children having little respect for mothers, can persist.

There are also particular strains in mother-child relationships that may occur as a result of court-ordered contact. Radford (2013) argues that English family courts are strongly 'pro-contact', and prioritise perpetrators/fathers and children remaining in contact. When contact is ordered against children's wishes, mothers may be placed in the position of having to force their children to comply:

'I was in an awful position...I had been told by the solicitors if I didn't make her go every week that I would lose her...And so we spent an hour calming her down and we had to make her go on a visit after what had happened (father's assault on mother witnessed by child)...She came back and she just laid on the sofa all limp and just like curled up...I feel guilt beyond belief at making her go and it was this awful trap you are in, that you are told you have to make this child go and this child is looking to you for protection.' (Martha, quoted in Radford and Hester 2006:98)

As this quote highlights, if a mother is ordered to facilitate unwanted contact, her role as a protector of her children is undermined. Furthermore, children who are forced by their mothers to see perpetrators/fathers may develop negative feelings towards their mothers.

There is evidence, too, that mothers and children's recoveries may be disrupted by the distress of contact. As Harrison summarises:

'Children living with post-separation violence may be among the most distressed in the population...For these children, contact with violent men may be of little benefit...and may impede their recovery...Conversely, when children have no contact with violent fathers, the harm they have sustained can be ameliorated. A child's recovery has been found to be related to that of his or her mother; continuing threats or contact proceedings used to protract conflict often mean that mothers are unable to recover, and this has an indirect effect on children.' (2008:385-6)

This extract suggests that contact may be harmful in three separate ways:

1. The distress it causes may directly impede children's recoveries
2. Mothers' recoveries may also be blocked by their exposure to continuing hostility from perpetrators/fathers
3. Children's recoveries may be undermined indirectly by their mother's lack of recovery

Overall, then, for mothers and children attempting to recover from domestic violence, on-going violence/harassment and post-separation contact may be considerable problems and have negative impacts on mother-child relationships. Further research could develop knowledge in this area. This might involve exploring perpetrators/fathers' on-going influence on mother-child relationships in more depth; especially as it relates to the interconnectedness of mothers' and children's recoveries, or to how mother-child relationships may improve when the perpetrator/father's influence ends. This thesis contributes to

addressing each of these areas, with chapter 7 discussing the factors that promoted and impeded recoveries.

Yet, even when mother-child relationships have sustained a high degree of damage, this may not necessarily be permanent given the right conditions. As Humphreys *et al.* observe: 'The significant issue for all professionals is to recognize that recovery *is* possible and that [mother-child] relationships are fluid and open to change' (2006a:57). The final section of this chapter will therefore review existing research findings in relation to the improvements that may occur within mother-child relationships in the context of domestic violence recovery.

Mothers' and children's post-separation recoveries

There has been little in-depth research into supportiveness between mothers and children who are recovering from domestic violence. Several studies have explored the recovery processes of female survivors, but made little or no mention of these survivors' roles as mothers (Abrahams 2007; Abrahams 2010; Anderson *et al.* 2012). However, a small amount of research has suggested that mothers' parenting may improve after separation (Mullender *et al.* 2002; Wuest *et al.* 2004; Radford and Hester 2006; Goldblatt *et al.* 2014), particularly when they are no longer experiencing the obstacles to recovery discussed above. This section will review these more positive findings about recovery and mother-child supportiveness, suggesting aspects of the topic that could be further explored.

Broadly speaking, interview-based studies with mothers and children suggest that a range of positive transformations may occur in their lives once they are free from the terror and control of perpetrators/fathers:

'Since I left I haven't looked back. The children...have improved a lot. I've changed completely...I can stand up for myself now...I've moved house which makes me feel better because it's mine...and everything I do in it is

mine. I can manage brilliantly on my money...I've got a job which I've never had before...I've got loads of friends now whereas before when I was with him I never had one.' (Alice, quoted in Radford and Hester 2006:40)

'Some things have changed for us now. I get on better with my mum now. I can do a lot more things too. My school is better now too. I can concentrate more on work and don't have to worry about home all the time. I sleep well now I know no one is going to kill me while I'm sleeping or burn the house down.' (8-year-old girl, quoted in Mullender *et al.* 2002:196)

The more stable and safe situations described by mothers and children may also be conducive for rebuilding or strengthening mother-child relationships that have been strained during the domestic violence.

In relation to improvements in mothers' parenting, Stanley notes that: 'recent studies have emphasised that while the quality of mothers' parenting can be diminished in the context of domestic violence, it can recover in its absence' (2011:45). One area of parenting that may recover is mothers' ability to meet their children's psychological needs. Haight *et al.* (2007) suggest that as mothers recover from the traumas of domestic violence, they may have a greater capacity to respond to these needs:

'Mothers' perspectives on how to support children's resilient responses may change in relation to their own recovery and life circumstances...As mothers' own danger and stress decrease, they may be better able to consider and respond to their children's psychological needs.' (2007:58)

Mothers in Goldblatt *et al.*'s (2014) study described becoming more emotionally available to their children and having more energy and patience.

In the post-separation phase, mothers may also be abler to help their children to cope on emotional and practical levels. One example is the creation of structures and routines that may enhance children's resilience to stress and uncertainty. As Wuest *et al.* describe:

'Routines create stability for children who are experiencing multiple changes. One mother used routines to create stability for her children as they moved from their home to a shelter and finally to a new apartment, "I tried to keep their entire life the same, just the bed different". Regular family time helped children to deal with being uprooted and leaving friends. One boy in middle school observed, "Friday nights we watch a movie and get a pizza".' (2004:264)

Emotional and practical supports by mothers may therefore play an important role in children's recoveries from domestic violence. This may include mothers and children developing a new ability to see their relationship as a supportive resource and beginning to share their feelings more openly, making it easier for them to use their mother-child relationship to work through their problems. As this mother in Goldblatt *et al.*'s study explained:

'My communication with [my son] has changed and is excellent today, and I don't hold myself back any more for fear of hurting him. I don't protect him or shut him up...He shares his life with me much more, bottles things up inside less, and lets them out, so he can deal with them. We rely on each other much more now.' (Tal, quoted in 2014:568)

These topics are explored further within this thesis. Chapter 8 surveys the range of strategies used by the mothers and children in this study to support each other's recoveries.

This thesis considers the way mother-child relationships were during the domestic violence, and how they developed on the path to recovery. Radford and Hester suggest that some mother-child relationships recover more than others. They link this disparity to the level of closeness that mothers were able to maintain with their children during the domestic violence: 'Women who compensated and tried to counteract the partner's emotionally distancing behaviour [during the domestic violence] felt more able to repair their relationship with their children after separation' (2006:43). This thesis considers the active roles that children, not just mothers, can play in maintaining close relationships during and after domestic violence.

The primary focus on mothers facilitating children's recoveries, seen in this section, reflects the unilateral model of parent-child relationships (see chapter 2). Given the influence of this model on the field, little is known about how children may actively promote the recoveries of: (a) their mother, and (b) their mother-child relationship. Yet Mullender *et al.*'s research has already highlighted how children may be involved in sustaining strong relationships with their mothers while experiencing domestic violence:

'[Children had] often attempted to deepen their relationships with their mother, the non-abusing parent, and to take actions to protect her, their siblings and themselves. This activity had maintained or helped [children to] build their own sense of themselves and their self-esteem, and sometimes [their mother's too].' (2002:130)

This thesis is among the first studies to explore how children's active roles within mother-child relationships may continue into the post-separation recovery phase.

Outside of the domestic violence field, Tew *et al.* (2012) provide a theorisation of recovery from mental illness that may also have relevance for understanding the potential links between mother-child supportiveness and recovery from domestic violence. One finding of Tew *et al.*'s study is that relationships assist recovery when they 'situate the person as someone with abilities, and where interactions provide concrete experiences of being able to exert influence – offering opportunities to rediscover personal agency and efficacy' (2012:452). This suggests that recoveries may be promoted by mothers and children successfully supporting one another and conceptualising themselves as someone who is having a positive impact on another's well-being. Chapters 8-10 of this thesis explore whether this aspect of recovery was experienced by the participants in this study.

Conclusion

This chapter has explored some of the primary issues that may affect mothers' and children's abilities to develop and maintain supportive relationships with one another in contexts of domestic violence. It has highlighted the ways in which perpetrators/fathers can negatively affect mothers' parenting and mother-child relationships, both during the domestic violence and after separation. It has also considered the ways in which mothers may often act to protect and support their children, and how mothers and children can recover from domestic violence. Each of these issues has relevance for the research presented in this thesis. Before we go on to explore the findings of this research, the next chapter will provide details of the methods through which they were produced.

Chapter 5: Conducting the research

Introduction

This chapter details the empirical research conducted for this study. First, it will outline the paradigm, ontology and epistemology underpinning the research, along with its ethical framework. (Reflexive discussion of the ethical challenges, and how these were handled, is embedded throughout.) The chapter then discusses the practical issues of sample recruitment and composition, how the interviews were designed and conducted, and the researcher/participant relationships that were created. Finally, the approach taken in analysing and presenting the data is explored.

Theoretical framework

This first section will explain why this study is:

1. Situated within the critical-emancipatory paradigm, using a realist ontology and subjectivist epistemology (Denzin and Lincoln 2005)
2. Grounded in a feminist ethic of care approach and drawing on child-centred research methods literature (Kirk 2007; Edwards and Mauthner 2012)
3. Based on semi-structured interviews, chosen as the best method for collecting data on participants' experiences (Esterberg 2002)

Each of these three topics will be explored in turn.

Paradigm, ontology and epistemology

A central part of my decision-making process in this area involved identifying the ontological and epistemological bases of the previous work in my field. Much of

this research (Mullender *et al.* 2002; Baker 2005; Eriksson and Nasman 2008; Overlien and Hyden 2009; Eriksson 2012) can be seen as being founded in the following premises:

- Mothers and children who experience domestic violence are capable of informing researchers about their experiences
- This research can convey these experiences to wider audiences
- Such research may therefore help to promote concrete improvements for domestic violence survivors, such as changes in policy and practice

These assumptions locate this previous work within the critical-emancipatory paradigm (Denzin and Lincoln 2005). This paradigm has a materialist-realist ontology, meaning that it posits: (a) that there is one single reality, and (b) that this reality is structured by inequalities that make a material difference to people's lives. It also has a subjectivist epistemology, meaning that it posits that all research is subjectively influenced by the researcher.

This contrasts with other potential paradigms that have relativist rather than realist ontologies. These include the constructivist-interpretive paradigm, in which researcher and participant create an understanding of realities together, and the postmodern-poststructural paradigm, in which attempts by researchers to frame the realities experienced by participants are seen as inevitably oppressive (Maynard 1994; Denzin and Lincoln 2005).

I contend that the materialist-realist ontology of the critical-emancipatory paradigm is appropriate for research into domestic violence for two reasons, which will be labelled (a) and (b).

a) It promotes the premise that participants' experiences of domestic violence are real

Survivors of domestic violence often encounter people asserting alternative versions of their experiences that deny or minimise the abuse they have suffered (Williamson 2010). The perpetrator/father may tell the mother and children that it is their fault that he 'lost his temper'. An unhelpful professional may tell a survivor that they are overreacting or making false allegations. Victims themselves may adopt these interpretations, blaming themselves for the domestic violence. Part of victims being able to escape the violence and recover, therefore, involves rejecting these versions as untrue (Anderson and Saunders 2003). Because 'relativist' ontologies may suggest that alternative, abusive views of victims' experiences have validity, I decided that they were unsuitable for researching with domestic violence survivors.

Materialist-realist ontology also orientates this research towards the goal of influencing social change in ways that advantage women and children with experiences of domestic violence, although the difficulties of achieving such change are acknowledged (Kelly *et al.* 1994:40). Working from this ontological basis, feminists Kelly *et al.* urge researchers to consider how their findings can be put to use beyond academia. This study has already begun to take steps in this area as it was being produced. Firstly, I have written a short research briefing (Katz 2014) targeted at policy makers as part of the University of Edinburgh's knowledge exchange initiative. Secondly, I was awarded a £500 grant from the University of Nottingham's Community Partnership Fund to host a workshop with relevant practitioners in November 2014. The workshop's theme was: 'How can practitioners use my research findings to develop their work?'. Further steps will be taken to continue promoting the findings of this study beyond academia.

b) It can be combined with a subjectivist epistemology that sees research as an imperfect tool for capturing real experiences

Researchers and participants are biographically- and socially-situated feeling beings (Gabb 2008). Participants' memories of events may shift over time, and their interactions with the researcher may lead them to frame their experiences in particular ways, such as to avoid saying things that they feel the researcher may judge negatively (Ribbens McCarthy *et al.* 2000). The ways that researchers frame their questions also shape the responses that they receive (Esterberg 2002). Researchers' own interpretations of the data will inevitably be influenced by their own understandings and views (Miller *et al.* 2012). As Maynard and Purvis state; 'there is no such thing as "raw" or authentic experience which is unmediated by interpretation' (1994:6). All of these factors lead to data that can only partially reflect what participants experienced in reality.

The task I faced, as a researcher using a materialist-realist ontology and a subjectivist epistemology, was to attempt to gain and represent the real experiences of participants as fully as possible, but to remain aware of the factors that shaped the data in particular ways (Maynard 1994).

Ethical framework

Ethical approval to conduct this study was granted by the University of Nottingham's Research Ethics Committee (see Appendix 1). Alongside this, an ethical framework was created for this research that is both in-keeping with the ontological and epistemological positions outlined above and relevant to the specific challenges of this project (to collect data ethically with mothers and children who have experienced domestic violence). There are two relevant bodies of ethics literature here: (a) the range of feminist work on the ethics of research (Maynard 1994; Kelly 2004; Skinner *et al.* 2005; Campbell *et al.* 2010; Miller *et al.* 2012), and (b) the child-centred literature which suggests ways of

researching ethically with children, including children who have been abused (Mullender *et al.* 2002; Baker 2005; Kirk 2007; Bushin 2007; Gorin *et al.* 2008; Christensen and James 2008; Lewis 2009; Coyne 2010; Kellett 2010; Alderson and Morrow 2011; Mason and Hood 2011; Eriksson and Nasman 2012; Morris *et al.* 2012; Graham *et al.* 2014).

a) A feminist ethic of care framework

According to Edwards and Mauthner (2012), the feminist ethic of care provides a sophisticated framework for dealing with ethical dilemmas within qualitative research. This framework is highly complex and much debated (Maynard 1994; Miller *et al.* 2012), and it is not the purpose of this section to review these debates. Rather, the next few paragraphs will review the main advantages of using the framework as a basis for this research.

The feminist ethic of care framework is unlike fixed or universalist ethical frameworks in two ways. Firstly, instead of stipulating predetermined rules, it encourages researchers to ground decisions in the particular circumstances they face, and in mindfulness of participants' well-being (Edwards and Mauthner 2012). This approach is also adopted in child-centred research, where researchers are encouraged to be flexible and reflexive in relation to ethics (Graham *et al.* 2014). Secondly, the feminist ethic of care framework rejects the idea of researchers or participants as rational and autonomous (Maynard 1994). Viewing both researchers and participants as biographically- and socially-situated feeling beings, it suggests that research relationships are at their most ethical when based on trust, care, empathy and respect (Campbell *et al.* 2010). This makes it compatible with my subjectivist epistemology.

Furthermore, in-keeping with my materialist-realist ontology, the feminist ethic of care framework takes 'the legitimacy of women's own understandings of their experiences as its central focus' (Maynard 1994:11). As with the child-centred literature (e.g. Kirk 2007), it calls on researchers to strive to minimise

power-hierarchies in their relationships with participants. At the same time, it acknowledges the difficulties of achieving this equality in practice (Maynard 1994; Miller *et al.* 2012). It also sees it as ethical for researchers to take a partial stand in favour of the people who they are researching, and to use their research to promote improvements for those people (Edwards 1993; Kelly *et al.* 1994).

Overall, then, the feminist ethic of care framework can be seen as particularly appropriate for research with domestic violence survivors. It places emphasis on care, empathy and respect, and it encourages researchers to reflexively consider issues of ethics, power and justice throughout the course of their research.

b) A child-centred approach

Besides using the feminist ethic of care framework described above, this study also utilised the substantial body of child-centred research methods literature (e.g. Punch 2002; Christensen and Prout 2002; Alderson 2005; Kirk 2007; Christensen and James 2008; Kellett 2010; Alderson and Morrow 2011; Graham *et al.* 2014). Child-centred approaches, like those pursued by ethic of care researchers, emphasise the importance of researchers being reflexive and attempting to reduce power-hierarchies between themselves and participants (Mason and Hood 2011).

Many of the techniques developed by the child-centred researchers also represent good practice when researching with adults. Punch (2002) even suggests that 'child-centred' methods could be re-termed 'research participant-centred' methods. Importantly, those who research with children need to pay attention to issues of power. As Kirk states, this is because 'the unequal power relations that exist between children and adults [in wider society] are duplicated in the research process' (2007:1252). However, as Kirk (2007) also acknowledges, adults and children are not homogenous groups. Adults, like

children, may benefit from being given control of the voice recorder in interview-based research, or from consent forms that are written accessibly.

Also, some child-centred research tends to be uncritical about accepting the Western liberal notion of adults as competent, rational, autonomous, independent individuals (e.g. see Baker 2005). In the view of much feminist research, this notion of adults as 'liberal subjects' is a fabrication (Miller *et al.* 2012). Agreeing with this critique, I viewed *all* of my participants as feeling beings that have strengths and resourcefulness but could also be swayed by power-hierarchies or complex feelings into doing things that they would prefer not to do.

Thus combining feminist and child-centred approaches, I created my own framework for this study. Within this framework, I would not necessarily expect adult or child participants to formally declare their wish to withdraw. Rather, I would try to be aware that, due to imbalances of power, children *and* adults might feel too intimidated to make such a statement to a researcher; or, alternatively, that they might feel that withdrawing their consent would be rude, or might like the researcher on a personal level and so decide to continue although they would prefer not to do so (Lewis 2009). I therefore attempted to remain alert to these possibilities and to endeavour to support participants to do whatever they felt was best. Overall, then, adopting this combination of feminist and child-centred approaches produced a robust yet responsive ethical framework that was suitable for the needs of this research.

Method selection

As my study focuses on participants' past and present lives, and their perspectives and understandings of their experiences and relationships, I determined that interviews were the best method of data collection (Esterberg 2002). I chose semi-structured interviews for several reasons, outlined briefly below:

1. *They guaranteed sufficient data on particular aspects of participants' experiences, such as their mother-child relationships*

This guarantee does not apply in the less-structured biographical approach, even though such an approach, by enabling participants to give their own narrative, might possibly have created a more informal atmosphere (Merrill and West 2009).

2. *They were seen as suitable for allowing new issues to emerge*

A semi-structured interview can be based on 'an interview guide organised around key areas of interest', to which 'on-going adjustment [can be made] in response to the way the interview is progressing' (Becker and Bryman 2004:268-9). New themes and topics may therefore be introduced by participants.

3. *They can be seen as compatible with a feminist ethic of care framework*

By having an influence over the topics of the interview, participants are able to shape their discussions in ways that may be beneficial to them. As Moe, who interviewed mothers with experiences of domestic violence, describes: 'the semi-structured nature of the interviews respected the participants' personal boundaries of comfort, safety and well-being because the women were granted

the opportunity to shape the flow and content of the discussion in accordance to their wants and needs' (2009:247).

4. They are an appropriate method for researching with older children

As will be discussed in detail later in this chapter, an age-limit of 10 was set for the child participants of this study, and the overall sample of interviewed children was predominantly aged 10-14. Baker researched with children aged 5-16 on the topic of domestic violence and noted that, while younger children preferred methods such as drawing, 'older children chose to be interviewed on a one-to-one basis' (2005:284). 'Child-friendly' methods, including story- or diary-writing or photograph-taking, were considered for use with the child participants (aged 10+) in my study. Many researchers consider such methods to be more age-appropriate and empowering than 'traditional' methods, particularly for younger children. However, Kirk cautions that, before adopting such methods, researchers should consider: 'what do they say about how children are constructed? Are they really fun? Do they generate useful data? What are the implications for analysis of the data they generate?' (2007:1256-7).

Having considered these questions, I concluded that my aims would be better met by conducting semi-structured interviews with both children and mothers. Following Baker (2005), I believed that children aged 10+ were likely to be able to express their views through interviews, and may indeed prefer this approach. I also believed that it would be preferable to research with mothers and children using the same method, to more effectively analyse and compare the data gathered from these two different groups in the sample.

Sample composition

Thirty people participated in this study; 15 children and 15 mothers. This sample size is comparable with the samples that have been achieved by similar studies

in recent years. For example, Stanley *et al.* (2011) gathered data with 19 children and 11 mothers about their views on social service and police responses to domestic violence. Baker (2005) interviewed 19 children and 5 mothers for her research on housing and domestic violence. Finally, in a study that was considerably larger than mine by Mullender *et al.* (2002), it took 6 researchers over a year to interview 24 mothers and 54 children from 25 households on 'children's perspectives on domestic violence'. My sample size of 15 children and 15 mothers is therefore similar to those of previous comparable projects within the field.

The aim of this study was to gather in-depth data on participants' experiences and feelings. Additional research would be needed to explore whether the findings of this study are applicable to other populations of mothers and children. A qualitative sample of this size can make no claim to be representative, but can contribute to broader research at the theoretical level by 'inform[ing] the conceptual undercurrents of future research in an area' (Moe 2009:247).

Although 15 mothers and 15 children were interviewed, this did not involve interviewing one mother and one child per family. There were 11 families where I was able to interview the mother and one or two of her children, and four families where I was only able to interview the mother. The overall sample therefore comprises two groups: the 'mother-child sample' and the 'mother-only sample':

Table 1: Sample composition

Family members interviewed	Number of families/participants
Mother-child sample	
Mother and one child	7 families (7 mothers, 7 children)
Mother and two children	4 families (4 mothers, 8 children)
Total	11 families (11 mothers, 15 children)
Mother-only sample	
Mother and no children	4 families (4 mothers, 0 children)
<u>Total for whole sample</u>	<u>15 families / 15 mothers, 15 children</u>

This sample composition had advantages in the context of my research. In 11 families, I was able to gain both mothers' and children's perspectives on their relationships with each other, establishing a rich and triangulated picture. There were also some benefits to the four mother-only interviews, even though mother-only interviews were not intentionally sought and triangulated data could not be obtained. As will be detailed further below, the non-participating children of these mothers were experiencing slightly different circumstances compared with the children who participated. These mothers' relationships with their children were also more likely to be strained at the time of interview. Including the mother-only interviews therefore meant that data were gathered about a wider variety of circumstances.

During the data collection process, I came to realise that the children who were agreeing to participate were all at a particular stage where they were willing to talk to a researcher about their experiences. They had been talking to others (family members, friends and/or professionals) about their experiences for some time. Participating in an interview with me appeared to be an extension of this process. Analysing the data collected with 13 out of these 15 children

suggested that they were experiencing largely close and supportive relationships with their mothers at the time of participation (though this had not necessarily been the case earlier in the mother-child relationships).

By contrast, the children of the mothers in the mother-only sample were slightly different. According to their mothers, these children were too-much or too-little recovered to participate. One child, Jack, was in an early phase of his recovery and did not currently want to talk about his experiences. Another child, Zara, had been through an extensive period of talking and recovery and now wished to 'put the past behind her'. A further child who declined to participate, Tanya, was angry and had a very strained relationship with her mother (Charlie). Charlie had another child (Ross) who was too young to participate (see next section).

One family straddled the mother-child and mother-only categories. Ali, son of Akeela, declined to participate as he had a strained relationship with his mother and had argued with her immediately prior to their scheduled interviews. Akeela and her two other children did participate, and, during her interview, Akeela talked extensively about her relationship with Ali. I therefore decided to treat Akeela's statements about her relationship with Ali as part of the mother-only sample, and the other data from Akeela and her interviewed children as part of the mother-child sample.

Additionally, one mother in the mother-only sample (Ria) did not have a child who was old enough to participate (see next section) but still wished to participate herself. On this occasion, I felt it would be unethical to refuse, as it could make her feel as though her experiences were considered unimportant. Like Charlie and Akeela, Ria also had a strained relationship with her child.

Overall, then, the mother-only sample augmented the data collected in the mother-child sample. It enabled this study to analyse the experiences of mothers who had children at different stages of recovery, and also to explore more conflictual mother-child relationships. However, during the data-analysis

with the mother-only sample, it could not be known whether, or to what extent, the children agreed with their mothers' accounts of what occurred within their families. Care was therefore taken to avoid assuming that these data represented children's experiences within these families. Further discussion of the limitations created by the mother-only sample is provided in chapter 11.

Finally, it should be noted that many of the interviewed mothers had other children who were not a focus of their interviews, and were therefore not considered in this study. The table below provides data on how many children were in each family, and also the sibling birth-order of interviewed children:

Table 2: The sample – mother-child and mother-only

*The mother-only sample has a grey background

	Mother's name	Child/ren's name/s	Children's age and gender	Other non-studied siblings
Mother and one child interviewed				
	Ellie	Shannon	10, girl	Shannon is Ellie's only child.
	Isobel	Bob	12, boy	Bob is the second oldest of 4 children. He has an older brother, younger sister and younger brother.
	Eloise	John	20, boy	John is Eloise's only child.
	Kimberley	Elle	14, girl	Elle is the third youngest of 4 children. She has an older sister and brother and a younger half-brother.
	Marie	Leah	11, girl	Leah is the third oldest of 7 children. She has an older brother, older sister and 4 younger brothers.
	Alison	Jane	11, girl	Jane is the oldest of 2 children. She has a younger

				brother.
	Bella	Roxie	11, girl	Roxie is the oldest of 4 children. She has 2 younger brothers and a younger half-sister.
Mother and two children interviewed				
	Ruby	Thomas & Katie	10, boy & 12, girl	Thomas and Katie are Ruby's only children.
	Akeela	Brock, Vince & Ali	12 boy, 13, boy & 15, boy	Brock, Vince and Ali are Akeela's only children.
	Violet	Angel & Joe	12, girl & 14, boy	Angel and Joe are the youngest of 4 children. They have an older brother and half-brother.
	Lauren	Zoe & Grace	12, girl & 14, girl	Zoe and Grace are the oldest of 3 children. They have a younger half-brother.
Mother-only interviews				
	Charlie	Ross & Tanya	9, boy & 14, girl	Ross and Tanya are the youngest of 3 children. They have an adult sister.
	Lucy	Zara	11, girl	Zara is Lucy's oldest of 4 children. She has a younger brother and a younger half-brother and half-sister.
	Ria	Carly	7, girl	Carly is Ria's only child.
	Sybil	Jack	11, boy	Jack is the youngest of 3 children. He has two adult half-sisters.

Inclusion criteria

This section will discuss the inclusion criteria that were used in this research.

1. Participants needed to be mothers or children with experiences of domestic violence

Accessing and interviewing other groups in addition to mothers and children was beyond the resources of the study. Had it been possible, interviewing other groups would have built an even richer picture. For example, it would have been fascinating to add the perspectives of support workers, grandparents and even close friends of the family, all of whom may have had different insights into how mother-child relationships are affected by domestic violence and how mothers and children support each other. Perhaps this is work to be completed in future research projects.

2. Children had to be a minimum of 10-years-old, and 'children' over 18 still had to be living with their mother

The minimum age of 10 was set following careful consideration and consultations with senior researchers. Among previous studies in the field, age-limits have been variable. While McGee (2000) and Baker (2005) researched with children as young as 5, Mullender *et al.* (2002) and Eriksson (2012) included children no younger than 8 and Overlien and Hyden (2009) researched with children aged 12 and older. In this study, I considered (a) my own relative inexperience (Mullender *et al.* 2002:32, for example, were 'mature women with relevant professional and research experience'), and (b) the complexity of the issues I wanted to discuss with regard to children's perceptions and feelings. I weighed these against (c) the wish to include younger children as much as possible.

Ultimately, an age-limit of 10 seemed the most appropriate balance between these considerations. One benefit was that this allowed the study to include the views of children in both primary and secondary school. I had also

hoped to be able to interview 10-year-olds and above using the same basic good practice as that applied with adults: explaining the research carefully, phrasing the questions clearly, and being sensitive, thoughtful and mindful of participants' well-being throughout (Kirk 2007).

Ten was also thought to be an appropriate age-limit by the domestic violence survivors' group I consulted about my research design in the early stages of the project. These women, mostly mothers themselves, thought that 10-year-olds would have sufficient maturity to understand the research and decide whether or not to participate. (This consultation process will be discussed again later in the chapter.)

Though there was no upper age-limit set at the start of this research, it was decided that the project would focus on mother-child relationships where the mother and child/ren were still living together. During the early stages of the fieldwork, the opportunity arose to interview a mother and her 20-year-old son (Eloise and John). Although John was no longer legally a child, he was living with his mother. It was therefore decided that he met the inclusion criteria for the project, and he and his mother were interviewed. However, aside from this case, the opportunity did not arise during the fieldwork to interview children older than 14. The vast majority of the interviewed children in this sample are therefore aged 10-14.

3. Mothers needed to be separated from perpetrators/fathers and living in relative safety

Throughout the project, it was made clear to participants that only families where mothers were separated from perpetrators/fathers could be interviewed. This decision was taken on the grounds of safety and because of the study's interest in exploring families' recoveries.

Gaining access

The fieldwork was conducted between October 2011 and November 2012. Most participants were interviewed in the East Midlands region of England. These families were spread across four different areas within the region, and two families were located in the West Midlands.

Recruiting across different localities had not been my original aim. Rather, it reflected the difficulties I encountered in making contact with families, and the corresponding need to accept opportunities as they arose in various locations. Most of these happened to be in, or near, market towns or city suburbs, so the study contained no families in deeply rural areas. This is a limitation that future research on the topic could redress.

One advantage of the various localities was that the families had experienced a range of different statutory and voluntary service providers based in different areas. This meant that the experiences of the families were not unduly influenced by the level and quality of service provision in any one area. Furthermore, only a minority (4/15 of the families studied) had accessed refuge services, meaning that the sample was not heavily skewed towards participants who had used this provision.

Sampling methods

Participants were accessed through a combination of purposive sampling and snowball sampling (Esterberg 2002). The aims of the purposive sampling, by which 12 of the families were accessed, were to recruit families who had received support from voluntary organisations such as Women's Aid (see discussion below), and to enable the exploration of supportiveness by recruiting at least some families where mother-child supportiveness was present to some degree. The second aim was achieved by asking some gate-keepers to refer me to families where the mother and child/ren 'seem close'. Snowball sampling

accounts for the other three families. This occurred when mothers I had already interviewed put me in contact with another family they knew who met my inclusion criteria.

Advantages and disadvantages of recruiting participants through gate-keepers

Advantages

1. Mothers and children recovering from domestic violence are a relatively hidden, hard-to-reach population, and this approach was a viable way to gain access to them
2. From an ethical perspective, it minimised the risk that the interviews could cause participants long-term distress

Considering this second advantage in slightly more depth, it was ethically important that these participants – especially the children – had received support to cope with what had happened. Six of the families from the mother-child sample (and two mothers from the mother-only sample) were recruited through Ontario-based programmes, which run groups for mothers and children that help them to understand their experiences of domestic violence and address issues in their mother-child relationship. During the period of the fieldwork, these groups were being run regularly in various areas of the East and West Midlands.

Recruiting through these groups was ethically advantageous in terms of post-interview support. These families had on-going relationships (or, at least, familiarity) with organisations, and could call on them if the interviews raised any issues (Mullender *et al.* 2002:27). The children in the rest of the mother-child sample, too, had also been in contact with supportive figures – outreach workers, refuge workers, counsellors and even, in the case of one older child, a

drugs support worker – and so were similarly in touch with possible further supports.

Disadvantages

1. The study was limited to survivors who had received formal supports
2. It was skewed towards families experiencing fewer problems and higher levels of well-being at the time of interview

As regards disadvantage (2), this occurred partly because some workers at these organisations were selective in the families they put forward. It is noted elsewhere (Miller and Bell 2002) that gate-keepers may withhold knowledge of a research project from persons whom they deem to be vulnerable. This occurred during my research, with workers directly telling me that they were putting me in touch with families who were experiencing fewer difficulties and would be better able to 'cope' with participating. Clearly, if workers' judgements were correct, this screening may have been beneficial for some or all of those families. However, their exclusion means that these families' problems may be unrecognised in this study.

However, neither of these disadvantages applied universally across the study. In some cases, workers invited me to attend meetings and events they had organised for survivors. This allowed me to approach any family, and most of my participants who had more on-going problems were recruited through these events. Furthermore, although every family in the study had experienced *some* support from organisations such as Women's Aid, there was significant variation in the amount of help they had received and in how effective they had found it. Overall, therefore, I believe my research was able to include a range of families: those who were experiencing quite limited recoveries, and high levels of

on-going problems, and also those where recoveries were advanced and few problems remained.

Finally, it is possible that the narratives of participants who had attended or were attending Ontario-based programmes may have been shaped in particular ways by this experience. However, there was little evidence of this in the data.

Contacting participants

Having covered the advantages and disadvantages of recruitment via organisations, this section will discuss the techniques that were used to contact participants and arrange to interview them. In-line with how this process (described as 'extremely problematic' by Baker 2005:285) has been experienced by other researchers, my experiences were complex and sometimes difficult.

Initially, I made contact with organisations through telephone and e-mail and asked if they would consider helping me to contact their current or former service-users. Sometimes I asked if organisations could put me in contact with mothers and children who seemed closer, in-line with the study's interest in exploring dynamics of closeness. Telephone calls to organisations tended to be more successful, possibly because workers were busy and emails were easier to ignore. Some organisations requested a face-to-face meeting before they agreed to assist me.

Once organisations had decided to contact their service-users, their most successful technique for asking them if they were interested in participating was to telephone them. This approach may have worked well because the call was specifically about the research, encouraging survivors to consider participation and possibly feel more pressure to agree (Miller and Bell 2002). However, these factors did not necessarily lead to survivors participating if it was against their wishes. Some survivors, after workers informed me that they had agreed to me

contacting them, never answered my calls. Others did answer and arranged an interview with me.

The three families recruited through snowball sampling were also contacted through a call from someone else followed by a conversation with me. These mothers were contacted by a friend who had already participated in my study, who asked them whether they would also be interested. Of all the strategies for recruitment, snowballing was the most successful. This was possibly because my existing participants were already confident that their friends would agree when they suggested putting me in contact with them.

However, there was one occasion when snowball sampling brought me into contact with a mother who was interested in participating but did not meet the criteria of living in relative safety. This mother, who I shall call Chandra, was friends with a mother who I had previously contacted (Akeela). I agreed that Akeela could bring Chandra with her, but, during the meeting, it emerged that Chandra was still in danger from her ex-husband, she was more emotionally distressed than the other mothers in my sample, and her children had not received any support to deal with their experiences. I therefore declined to interview Chandra and her children. However, at her request, I made a referral for her to Women's Aid so she could receive some of the support she needed.

The other recruitment technique that was sometimes successful was meeting survivors in person and asking if they were interested in participating. I was able to use this strategy when organisations invited me to attend events they were hosting for service-users. The advantage of this approach was that survivors could make a judgment with me there in person. However, an initial disadvantage was that it required considerable confidence and interpersonal skills on my part, which was challenging for an inexperienced researcher. However, this became easier as my fieldwork progressed, and several participants were recruited in this way.

Some survivors I met at these events declined to participate. In cases where both mother and child/ren were present and I discussed the possibility of participation with all of them, it was generally the children who would decline, often by shaking their heads. I would reassure these children and their mothers that this was okay, and thank them for their time. A different situation occurred when it was only the mother who was present. Their reason for declining usually centred on their children. Sometimes it was that children were at a stage where they had 'moved on' and wanted to 'put the past behind them'. Sometimes, though, the mother's relationship with the children was so strained that the mother believed the children would reject any suggestion of participating.

Overall, then, the majority of families were recruited through two strategies: a worker or a friend telephoning them, or me meeting them in person. With both strategies, several potential participants declined to participate. Given the sensitive nature of my research, this was understandable.

Accessing children through mothers: issues of consent and pressure

The previous section explored how potential participants were contacted and informed about the research. This section will consider the next stage of my involvement with participants: from mothers expressing an interest to the point where they and their child/ren gave consent to be interviewed.

This stage often produces ethical issues around consent and coercion, especially when researching with children and parents from the same families. According to Lewis: 'Arranging fieldwork with multiple family members has received relatively little reflection within the literature [however] research involving related individuals opens up new methodological issues and dilemmas which may not be relevant for research with sole participants' (Lewis 2009:405). The main 'new' methodological issue of researching with parents and children is the possibility that children may be pressured by their parents to participate. Children face a double power-hierarchy: Both the adult researcher and their

parent/s may want them to agree. Here, the researcher must to do as much as possible to minimise the chances that children are participating against their inclination. This section will therefore now turn to my techniques for approaching this goal. In discussing these critically, I am endeavouring to practice the form of 'reflexivity' advocated by Graham: 'the capacity of people to be conscious of, and give account of, their actions' (2014:4).

Recruiting children through their mothers

One of my first questions was whether to recruit children directly or through their mothers. Ultimately, I decided to contact mothers whenever possible, and to ask them if they believed their children may want to participate. Recruiting children directly would have been helpful because it would have largely removed the possibility of mothers pressuring their children to participate. However, I chose not to do so for two reasons.

1. There was no guarantee that children would welcome such an approach

On the contrary, Lewis quotes a conversation suggesting that the reverse occurred among two of the children in her sample:

'Cameron: It's better coming from your parents 'cos they think it's ok and if it's ok with them then you know it's gonna be alright.

Fiona: Yeah, 'cos if it's like from a person you've never met before then it's a bit weird.' (2009:409)

Here, the children express a clear preference for being contacted through their parents.

2. The topic of domestic violence is particularly sensitive

Just as some of the gate-keepers discussed above screened out families that they believed were experiencing too many problems, mothers might also want to protect their children from situations that might be emotionally harmful to them. Their ability to do so is important in the context of their experiences, as Mullender *et al.* emphasise:

'[It was considered] vital not to usurp the right of the women concerned to decide what would be safe or harmful for their children [as these women] had only recently become free of the power and control of the abusers and were newly established as the heads of their households.'
(2002:30)

In this study, several mothers did tell me that I could not interview their children because they were at a stage where they would prefer not to talk about their experiences.

Children's willingness to participate

In every instance, by the time of my interview with the child/ren, the mother had indicated that they had made their child/ren aware of the basic information about the research, and that their child/ren were willing to participate. I also gave the children detailed information about the research, and went through the consent form with them (see discussion below). Although children were approached through mothers, they still had the same formal opportunities as mothers to give or decline their consent to participate in the study.

Within this process, it was important to build rapport with the mothers and children, helping them to feel at ease before the interviews began so that they would feel comfortable in expressing their wishes. It was easy to do this

with most of the mothers I interviewed, as they were also trying to build rapport with me and make me feel comfortable as a guest in their home.

Building rapport with child participants was sometimes more challenging. Because of the power and authority that adults often have over children, the children I interviewed were often quiet and expectant, waiting for me to establish the parameters of the interaction. Early in my fieldwork, I reflected that there is little discussion of this issue in the literature on researching with children, and a lack of accessible training to help prepare emerging researchers to work with child participants. My own ability to create rapport often came from circumstances and pre-existing interests. When I met 10-year-old Shannon, my first child participant and one of the youngest in my sample, she was hiding behind her mothers' legs and I thought: 'She's so little, how am I going to interview her?'. However, I decided to talk about pets which 'broke the ice' between us. During the interview, her dog sat between us on the sofa, and we paused to stroke and talk to him, preventing the conversation from becoming too intense.

Building rapport with children was not always this easy. A minority of children (although, contrary to expectations, not the youngest) were nervous and uncommunicative. This is in-line with the experiences of other researchers. For example, Mullender *et al.* noted that: 'There was a wide range in how forthcoming the children and young people were able and chose to be. Some found it difficult to speak, while others talked without stopping' (2002:41). My own interviews made me reflect on the pressures of consent in my own and mothers' interactions with the children. With shier children, I found it difficult to imagine that they had been eager to participate, and thought that, possibly, their mothers had persuaded them to agree.

Here, it was difficult to judge what was ethically acceptable. Directive behaviours, and giving guidance and encouragement to a nervous child, are everyday parenting behaviours (Lewis 2009). However, as Baker notes: 'There

will always be a danger with research involving children that, since they are subject to power relations at home...they may feel that they have to comply or consent through fear of sanction'. (2005:284). On one hand, children may appreciate a parent's guidance, considering that 'if it's ok with them then you know it's gonna be alright' (Lewis 2009:409, see above). However, some children may experience such guidance as unwelcome, and may be relatively powerless to assert their own wishes.

I, too, engaged in mild persuasive tactics. When I first met children and their mothers at survivors' events, I presented information in a positive tone, and in a language that I hoped would encourage the children to agree. (Nonetheless, several children did decline.) This experience reflects the comment made by Lewis that: '[there is a] tension between achieving one's desired sample size and rigorous, ethical recruitment' (Lewis 2009:415). It may be difficult to avoid an element of persuasion, and to 'read' children's shyness to determine whether they really wish not to participate.

My approach, when children seemed shy, was to continue to go through the consent form with them in a friendly, non-threatening way. If they gave their consent, I considered how they were feeling once the interview began. This approach was in-line with the view of consent as 'an on-going process that begins from the very first point of contact and throughout all further arrangements' (Lewis 2009:406). It places the onus on the researcher to consider, continually, until the last agreed contact, whether participants wish to be involved.

In practice, I found this approach helpful. Re-checking children's consent enabled some children to modify the terms of their participation during their interview by saying that they did not wish to speak about the period when they had experienced domestic violence. In these cases, the child and I agreed to focus on the child's life since they had separated from the perpetrator/father and their current relationship with their mother. This re-focusing of interviews based

on children's preferences is in-line with the process of negotiation advocated by Mason and Hood (2011), and helped to produce a greater symmetry of power between child participants and myself.

Many researchers have noted the need to read children's non-verbal cues to end their participation. Eriksson and Nasman state that: 'We have to take responsibility to end the interview if we get indications that the informant does not wish to continue, even if this is not expressed verbally' (2012:4). I decided to bring one interview to a close after a few minutes, as the child (one of the older, teenaged children in the sample) was looking down and giving short, barely audible answers. Not wishing to end abruptly, I thanked the child for their time and said the interview had been very helpful. It is possible that in this case the mother had pressured the child into participating because she had hoped that the experience would be good for them.

Overall, I had a range of experiences when interviewing children. Many were engaged and enthusiastic and appeared to enjoy being interviewed, whereas some were shy and withdrawn, causing me to consider whether to continue the interview process. Possibly, rather than using one-to-one semi-structured interviews, these children would have felt more comfortable drawing or using photographs or diaries to convey their experiences (Baker 2005). Such alternative methods will be considered if similar situations arise in my future research.

Having considered the theoretical foundations of the study and how the sample was accessed and recruited, we will now discuss the final sample that was achieved, along with how the interviews were conducted and the data analysed.

The participants

Age and gender

Mothers' ages ranged from 26-50, with the majority being in their 30s or 40s. The 15 interviewed children were all (apart from one 20-year-old) in their pre- or early-teenage years (aged 10-14). There were 6 boys and 9 girls. The age-range of the 6 children of the mothers in the mother-only sample was 7-15. Among these, there were 3 boys and 3 girls. Including both the mother-child and the mother-only samples, the study therefore collected data about 9 mother-son relationships and 12 mother-daughter relationships (21 mother-child relationships in total). The table below gives further information about the ages and genders of the children. Girls' names are emboldened to make visible the gender-age distribution:

Table 3: Age/gender of interviewed children in mother-child sample

Age	10	11	12	13	14	20
	Shannon Thomas	Leah Jane Roxie	Katie Zoe Angel Bob Brock	Vince	Elle Grace Joe	John
Total	2	3	5	1	3	1

Table 4: Age/gender of non-interviewed children in mother-only sample

Age	7	9	11	14	15
	Carly	Ross	Zara Jack	Tanya	Ali
Total	1	1	2	1	1

Combining the information from these tables, we can see that 9 of the mother-child relationships discussed in this study were between mothers and younger children (aged 7-11). The remaining 12 relationships were between mothers and older children (aged 12-20).

Ethnicity

As recruitment was challenging, it was not feasible to achieve significant ethnic diversity. Of the 15 mothers, 13 were White British, 1 was Black British, and 1 was British Asian (of Pakistani origin). However, there was more ethnic diversity among the 21 children of the 15 interviewed mothers. Fourteen were White British, 3 were Black British, and 4 were British Asian. One-third (7) of the children discussed in this study were therefore from an ethnic minority background: five from mother-child sample, and two non-interviewed children from the mother-only sample.

Class/disability/sexuality

Data were not collected systematically on demographic issues such as class, disability and sexuality. This practice is more associated with quantitative research, and would have served little purpose for this small-scale qualitative study. However, some participants did give information in these areas during the course of their interviews. One mother disclosed having a mobility impairment, and two mentioned that they suffered from a disorder of the central nervous system. One child in the sample had Asperger's Syndrome. Interestingly, of all the children, this child gave the longest interview, and one of the most detailed, fluent and relaxed. Regarding sexuality, one mother mentioned that she was in a lesbian relationship at the time of interview, although the perpetrator/father had been male.

Perpetrators' relationships to children

In the majority of families, perpetrators/fathers were the children's biological father. This was the case for 17 out of the 21 children discussed. For the other 4 children, perpetrators/fathers were either their step-father or had lived with them as their mother's partner. (All of these were interviewed children. They came from 3 families – a pair of siblings and two single children.) For one of these 4 children (Elle), the perpetrator/father had been her mother's partner but had never moved into the family home. This child was amongst the most negatively affected in the whole study. This illustrates, perhaps, what damage a perpetrator/father may cause even when not residing with the affected family.

Time since leaving

The mothers in the sample had been separated from perpetrators/fathers, on average, for 5 years, and most for several years: between 4-7 years for 10 of the mothers, while a further 2 mothers had separated 9-10 years ago. It was only the remaining 3 mothers who had separated recently (within a year). The majority were therefore in a position to provide data relevant to the study's aim of exploring recovery processes.

Children's contact with the perpetrator

A small minority of children (4 out of the total 21, 3 of whom were interviewed) were in contact with perpetrators/fathers during the period of their interview. I was aware that these children might not conceptualise perpetrators/fathers' behaviour as domestic violence. I therefore took care to phrase my questions as neutrally as possible, enabling these children to discuss their experiences in ways that made sense to them.

The interviews

Time and place

I usually interviewed mothers and children on the same day. There were only 3 cases where I returned on another day to complete my research with the family. Sometimes I interviewed the mother first, sometimes the child, depending on what was convenient for the family. Often, it was helpful for me to interview mothers first because they gave details that assisted with the vaguer accounts given by child/ren.

All but one of the interviews were conducted in participants' homes. Participants' homes provided more:

- 1. security as a setting for the discussion of personal and sensitive topics*
- 2. power for participants, being a space which was theirs, and in which I was a guest*
- 3. opportunities to build rapport with participants**
- 4. practicality for interviewing both mothers and children on the same visit***

*In the interview conducted outside the home (at the offices of the organisation that referred me to the participant), it took significantly longer for the participant and I to feel at ease with each other.

**If the interviews had occurred in a public building, the child/ren would have had to wait elsewhere for approximately 1.5 hours while I interviewed their mother. Within the home, the child/ren, while not being interviewed themselves, could occupy another room.

Confidentiality

At the planning stage, I decided that I would interview mothers and children separately, not holding joint interviews. This was to maintain confidentiality between the mothers' and children's interviews, and also because I believed that separate interviews would better facilitate discussions about the positive and negative aspects of the mother-child relationship.

However, 4 of the families in the mother-child sample asked to be interviewed together – an issue discussed by other researchers who have interviewed children at home (Bushin 2007; Kirk 2007). The wish to be interviewed in the presence of one another was usually expressed by both mothers and children. Ultimately, after first suggesting the alternative of separate interviews, I respected and granted this preference. In 3 of these families, I interviewed the mother and children one-at-a-time (1.- Ruby and Thomas; 2.- Akeela, Brock and Vince; 3.- Violet, Angel and Joe). This generally involved interviewing one member of the family while other family members were in the room, but without the other family members contributing to the interviewee's answers. In the fourth case (Eloise and John), the mother and son answered questions as a duo. In some ways this was challenging. Eloise had a tendency to speak more than John, and it was sometimes difficult to get John's perspective. However, these participants also pointed out that they could give fuller answers using this method, as they could remind each other of events and feelings that they may otherwise have forgotten.

Finally, in one other case (Ellie and Shannon), although mother and child had separate interviews, privacy was only partial. In this family, the impact of the domestic violence meant that Shannon was not willing to be completely cut off from Ellie while being interviewed. Therefore Ellie cooked in the kitchen, with the door slightly open, while I interviewed Shannon in the living room. (Ellie did, however, switch on the kitchen radio, thereby creating noise and giving Shannon more privacy.)

The overall impact of this lack of privacy in my interviews with these five families is difficult to determine. However, I do believe that it may have prevented some of these mothers and children from discussing their more negative feelings regarding their mother-child relationships. However, the majority of the 30 interviews conducted for this study had a high degree of privacy. Mothers provided, as a venue for the interview, a room with a closed door that no other persons were using. A few mothers specifically requested for their interview to happen while their children were at school so that they could speak more fully.

Confidentiality also had to be weighed against child protection. My approach, standard for studies in this field, was to offer complete confidentiality except if anything said made me concerned about a child's safety (Mullender *et al.* 2002; Baker 2005). Furthermore, following the recommendation of Baker, I included information about this policy on my consent form and participant information sheets so that participants were aware of it (see appendices 2-4). If such concerns had arisen, I would have discussed them with my doctoral supervisors (both trained social workers) before deciding how to proceed, including the possibility of making a referral to an appropriate statutory agency if necessary. Fortunately, no such concerns arose and confidentiality was maintained.

Data security, and the protection of participants' identities, was vital, given that breaches of security could endanger participants. One way of protecting identities was by inviting participants to choose a pseudonym. (On one occasion, when Akeela's boys wanted to use the extravagant full names of celebrity wrestlers, I used only these wrestlers' first names, 'Vince' and 'Brock'. I was aware that I was overriding these children's agency, however, I felt that the thesis should follow the conventions of scholarly seriousness.)

Participants were also protected by the removal of identifying information from the data (Wiles *et al.* 2008). Firstly, I omitted any references to real names

of people or places in my field notes and also in the interview transcripts. Secondly, I screened quotations used in the write-up of the thesis, making any identifying information less specific. Finally, the physical and virtual documents relating to the study were all stored securely: consent forms in a locked cabinet, and computer files containing the recordings and transcriptions of the interviews on an encrypted USB device.

Consent

Although, as previously mentioned, consent was conceptualised as on-going rather than as a one-off decision (Alldred and Gillies 2002), I still saw the consent form (see Appendix 4) as a cornerstone of the process. It was in reading this form that the participants were first fully informed about the research and what their participation would entail. I intentionally created a single consent form for mothers and children, on the principle that adults, like children, benefit from having a form that is easy to understand (Kirk 2007; Mason and Hood 2011).

The form firstly stated the purpose of the study and the voluntary nature of participation. It stressed the fact that participants could withdraw from the study whenever they wanted, and did not have to talk about things that they preferred not to discuss. The form explained what might happen to the study's results, how participants' identities would be protected, and what conditions there were around confidentiality, including that what participants said would not be passed onto other members of their family. Finally, the form gave participants the opportunity to ask questions, to decline to be audio-recorded, and to decline permission for me to use quotes from their interview in my write-up. Children and mothers were separately and privately given consent forms to read, ask questions about, and sign if they wished to.

I decided to remunerate participants (both mothers and children) with a £10 gift voucher to thank them for their time and effort in participating. I opted

to tell all participants, from an early stage, that they would receive the voucher even if they declined to participate or ended their interviews early. (Ultimately this only happened once, after my initial meeting with Chandra.) This was so that the voucher did not unduly influence people to participate when they did not want to.

Designing the interviews

The interviews took (as previously mentioned) a semi-structured form. Emphasis was placed on exploring the impacts of domestic violence on mother-child relationships. In particular, the interviews investigated factors that undermined or strengthened mother-child relationships, and mothers' and children's experiences of supportiveness within their relationships with each other. The interview guide (see Appendix 5) was formulated to minimise the possibility of distress. For example, the first question asked to both the mothers and the children was: 'could you tell me a bit about you and your mum/child/children, and the things that are good or not so good about your lives at the moment?' This broad question, focused on the present, generally provided an easy and non-threatening opening to the interviews (Kirk 2007). Following that, the interview turned to the domestic violence, the leaving process, and experiences of services, in that order. Finally, the last questions returned to participants' current lives, asking questions such as: 'out of all the people in your mum's/child's/children's life/lives, which do you think have helped her/him/them the most?'.

Ordering the sections in this way was beneficial, as it allowed the most potentially distressing topics to be covered during the middle of the interview, while the end of the interview enabled participants to reflect on their recoveries and the improvements that had occurred. The guide also enabled participants to

discuss their strengths and the positive elements of their lives, rather than just their problems. According to Alderson, this represents good practice because:

'If the research questions and methods concentrate on children's needs and failings, so will the reports emphasise problems and deficits. This can increase shame, stigma, prejudice and disadvantage for whole groups of children. Yet these children may, in some respects, be strong, resilient, knowledgeable and resourceful. Fair, ethical research therefore involves asking children about positive as well as adverse aspects of their lives, in order to avoid biased reports that may compound their problems.'

(2005:28-9)

Although Alderson's comments focus on children, her argument can equally be applied to adults. The balance that I struck between asking participants about difficulties and about more positive aspects of their lives may therefore be seen as simultaneously an ethical and theoretical advantage.

Early on in my study, I found helpful criticism and encouragement for my questions when I visited a domestic violence survivors' group (briefly mentioned earlier) and asked for their comments and advice about beginning this research. Based on their suggestions, I modified my questions to ask about the *process* of leaving, rather than 'the day you left', when I realised that, actually, survivors often left several times or over a number of days, and therefore many could not remember a particular, pivotal day. The meeting also reassured me that my questions were unlikely to cause participants distress, and that it would be possible to include children's views. The women in this group, mostly mothers, were encouraging about the project, and believed that it would be feasible for me to interview children aged 10 and older. My interviews with children and mothers were also informally piloted with my first participants, 10-year-old Shannon, and her mother, Ellie, who both verbally fed back after being

interviewed that the questions and procedures were working well and did not require adjustment.

Another factor in the interview design was my decision to vary the style of the questions. This included using open and closed questions, and personal and hypothetical ones. Using open questions meant that every family had the opportunity to tell their own stories; for example, by asking mothers: 'What was it like being a mother when all that was going on?'. Meanwhile, closed questions ensured that data were collected about certain key points in a way that allowed for comparisons between different families; for example: 'If you could pick three words to describe your mum/child/children, what would they be?'. This type of closed question was effective in drawing out those participants, often children, who tended to give short answers to the open questions. Finally, a few hypothetical questions were included; for example: 'If you had to imagine a really good relationship between a child and a mother, what would it be like?'. These questions were designed to allow participants to give their views in a less direct way, and perhaps to verbalise thoughts that they held, but found too difficult to express, about their own family relationships.

What was particularly useful during the data analysis stage was my decision to pursue, within the mother-child sample, a direct comparison between mothers' and children's answers around different topics. With this in mind, I asked similar questions in both mothers' and children's interviews, to triangulate their answers about: (a) themselves, (b) each other, and (c) their relationship with each other. For example, both mothers and children were asked: 'Thinking back to the time just after the separation, could you tell me about your memories of how you and your mum/child/children was/were during that time, and how things were between you?'. Different questions for mothers and children were kept to a minimum.

Interview length

Mothers' interviews were usually about double the length of children's, as mothers tended to give fuller answers. The average length of mothers' interviews was 1 hour, 35 minutes: the longest was 2 hours, 30 minutes; the shortest was 50 minutes. Children's interviews lasted, on average, 40 minutes: the longest was 1 hour and 10 minutes; the shortest was 15 minutes. (This was the interview that ended early because I believed that the child wanted to stop.) Some children's interviews were shorter because, being very young at the time of the domestic violence, they remembered little of it. In this situation, whole sections of the guide were not relevant. These interviews, normally lasting between 20 and 30 minutes, focused more on children's recovery process and their lives in the present.

Relationships with the participants

Overall, my interviews took a very friendly and positive tone, following the principle of seeing research relationships as being at their most ethical when they are based on trust, care, empathy and respect (Campbell *et al.* 2010). Here I remained aware that, as noted by Finch (1993), participants may begin to relate to a caring researcher more as a friend, and speak more openly than they would wish. However, I did feel that this would have been more of an issue had I pursued a biographical interview method. Because my semi-structured interviews contained many questions, I felt that participants were more likely to remember that they were talking in the context of a research interview, rather than to a friend.

In my interviews, I attempted to use good interpersonal skills through my body language, tone of voice, and use of filler sounds (supportive 'hmm' noises at appropriate times). I also put my feminist ethic of care framework into practice by, where appropriate, providing validating responses to participants'

comments (Campbell *et al.* 2010; Eriksson and Nasman 2012). These validations took a range of forms. For example, at times I reassured participants that they were not the only ones in the study to have had the experience they were describing (Campbell *et al.* 2010). At other times, I expressed exasperation or anger at how a participant had been treated. I considered it especially important to show this solidarity with participants, because otherwise: 'There might be a risk that neutral listening could [be] misinterpreted as an acceptance of the behaviour described' (Eriksson and Nasman 2012:9).

I was also aware of the need to reduce power-hierarchies between myself and participants. I was highly qualified, a representative of a university, adult, white, and 'middle class'. However, I often had less power with regards to age, particularly in relation to mothers. The life-experiences of middle-aged researchers may be advantageous in many other ways, but I felt that my young age (23-24) when conducting these interviews was helpful in counter-balancing my authority. I often mentioned my age to mothers and children to assist this process. As recommended by Eriksson and Nasman (2012), I also took opportunities to humorously point out when I made mistakes. For example, as a non-driver, I arrived at participants' homes by bus and on foot, and frequently (and also, usually, truthfully) told them how I had got lost *en route*. In terms of my physical position, when some children chose to sit on the floor I sat there with them so that we were on the same level (Mason and Hood 2011). Overall, during my time spent in families' homes, I endeavoured to reflexively acknowledge and step back from my own wishes and instinctive behaviours, to make participants' experience as positive as possible.

Although I perceived that power-hierarchies were successfully minimised with the majority of participants, it cannot be known whether or not this was the case. It could be argued that, in some ways, the adult and child participants in this study were highly vulnerable and some may have felt pressured into being interviewed in ways that they never felt comfortable expressing. In these

circumstances, my power-minimising and rapport-building behaviours may have made it more difficult for participants to express a wish to withdraw from the study, perhaps because they wished to avoid upsetting me or letting me down (Lewis 2009). Conversely, participants may have continued to feel that I was more powerful than them despite my attempts to minimise this, and may potentially have felt compelled to go through the interview process with me.

No systematic data were collected on participants' experiences of being interviewed. However, 3 mothers arranged, unprompted, for me to interview their friends, perhaps suggesting that their own experiences were positive. When I asked for feedback from the first child I interviewed, her comments also suggested that she found my approach helpful:

Emma: Are there any ways that the interview could have been better?

Shannon: There's nothing that could be better because you've been very nice and making me feel that I can talk to you because you smile...

Overall, then, the feminist ethic of care framework and child-centred approaches adopted by this study appeared to work well in establishing positive relationships with participants, although there can be no certainty that this appearance reflected the actual experiences of participants.

Minimising distress was an issue not only for participants but also for myself as the researcher. Much attention has been given to how conducting studies on abuse can have negative emotional impacts for researchers. For example, Ellsberg and Heise warn that: 'The most common risk for field-workers is the emotional toll of listening to repeated stories of women's despair, physical pain, and degradation...A study on violence against women often becomes difficult and exhausting' (2002:1601). However, I did not experience the interviews as distressing. Firstly, the participants themselves were generally not distressed. As most were currently experiencing quite positive circumstances,

the interviews generally had a hopeful and optimistic tone. Also, the primary topic was mother-child relationships rather than the violence itself, and so only a small part of the interviews was about participants' experiences of 'despair, physical pain, and degradation' (*ibid.*).

The only time at which I became significantly distressed was when I encountered Chandra, the friend of Akeela (see above). Chandra was in a period of crisis and facing overwhelming problems with few resources. The fact that Chandra was experiencing these problems at the time that I met her, rather than in the past, produced the difference in how I felt about her situation, compared with that of the participants in the study.

After the interviews

Anonymised field notes were written after interviews (usually within 1 hour). These notes recorded details that were not captured by the audio-recordings of the interviews. This included my recollections of what had happened before and after interviews, and participants' general body language and demeanour during interviews.

When researching with vulnerable participants, it is common practice to signpost them to support for any problems that are raised during their interviews. As previously discussed, though, the majority of the participants in my sample were accessed through organisations that support domestic violence survivors. This meant that most had already received some support, and were in a good position to access more if necessary.

However, in a small number of cases, I did arrange further support for participants myself. For example, one child I interviewed said that she would like more help to manage her feelings of anger, so I posted her mother a leaflet for an organisation in their area that could provide that service. In another case, a mother mentioned during my initial phone call that she was unable to access any services to help improve her relationship with her daughter because they were

not available in her area. I therefore bought her *Talking to My Mum: A Picture Workbook for Workers, Mothers and Children Affected by Domestic Abuse* (Humphreys *et al.* 2006b). In giving her this book, I was sharing my knowledge of helpful resources, in-keeping with the feminist ethic of care.

Transcription and data analysis

Grounding my study in a realist ontology and a subjectivist epistemology, I was reflexively aware that I was not, and could not be, a neutral instrument of analysis. I accepted that my reading of the data would be influenced by my own understandings and views of participants' situations (Maynard and Purvis 1994; Miller *et al.* 2012). However, in-line with the critical-emancipatory paradigm, I attempted wholeheartedly to base my emerging understanding of the material on what participants had said in their interviews.

In producing transcripts of the interviews, I tried to use participants' exact words – even though, as in all naturally occurring speech, they included repetitions and did not make full sense. I made notes to indicate where participants had paused, laughed, or used a particular tone of voice (e.g. to indicate they were speaking in an ironic way). However, in the write-up I decided to largely 'clean up' the quotations that I used, while trying not to alter the meanings of participants' words. Overall, I felt that participants would probably prefer me to do so, feeling that otherwise they might appear in a poor light. This was the view of many participants in Corden and Sainsbury's (2005) study, who believed that 'messy' language portrayed them in a negative way and wished that their quotations could be 'tidied up'. Furthermore, I also believed that 'cleaning up' the quotations would help to give them the impact they deserved, as readers would not be distracted by 'messiness' in the language (Poland 2003).

In developing my interpretation of the transcriptions, I utilised the 'Framework' approach (Ritchie and Spencer 2002). This involved developing

notes about recurring themes that I had observed in the interviews, and producing a thematic framework that could be used to code and sort the data. This framework was initially drawn from the questions which had been asked in the interview. These were then refined by application to a selection of transcriptions. The initial framework developed at this stage contained 15 themes and over 100 subthemes, based around the interests and conceptual lenses of this study (such as mother-child supportiveness, bilateral relationships, and recovery). For example, one theme was 'mother-child support after the domestic violence'. The sub-themes within this theme included 'understandings of supportiveness', 'feelings about support' and 'ways of supporting'. (A full list of the themes and subthemes that emerged during this stage is provided in Appendix 6). The transcripts were then indexed according to these themes and subthemes.

The next stage of the analysis involved 'charting' the data by working out 'the range of attitudes and experiences for each issue or theme' (Ritchie and Spencer 2002:317). Although specialist software had recently been developed to support 'Framework' (Barnard 2012), I decided to use my basic word-processor programme. On this programme, I created several documents, each containing tables with participants' names listed in the rows and sub-themes listed in the columns. This meant that every participant's response to a subtheme was present in the same document and could be compared.

As someone not well-versed with computer software, I found this low-tech option to be suitable and felt that, in any case, the analysis would be conducted primarily using my own thinking processes. Ritchie and Spencer emphasise that 'Framework' is flexible tool rather than a prescriptive approach, and: 'relies on the creative and conceptual ability of the analyst to determine meaning, salience and connections' (2002:310). Using simpler software assisted me to fulfil these analytical functions. As 'Framework' suggests, I then filled the tables with summaries of participants' statements (adding a page/line reference

from the transcription), rather than direct excerpts of quotation (Barnard 2012). Summarising the testimonies was a key part of the analytical process, helping me to understand the data in greater depth and to begin developing the findings that are presented in this thesis.

Once the charts were completed, the final 'Framework' stage of 'Mapping and Interpretation' began. As an academic researcher, I applied meanings to the data by 'defining concepts, mapping the range and nature of phenomena, creating typologies, finding associations, providing explanations and developing strategies' (Ritchie and Spencer 2002:321). This produced the theoretical dimension expected of a scholarly study, such as the idea that the mother-child relationships described by the participants were 'bilateral'. This knowledge went beyond what the participants had articulated in the interviews themselves.

The power that I had to frame the data at this stage was an ethical issue that needed to be considered. As Miller and Bell (2002) observe, it is rarely explained to participants that the researcher who interviewed them is going to add this theoretical gloss to their life-stories and experiences. There is always the possibility that the participants would disagree, or even be distressed with the way the data have been interpreted and presented. Following my feminist ethic of care framework, my approach to this issue has been to attempt, as far as possible, to be respectful of the thoughts and feelings expressed by participants about the topics covered in their interviews, to convey these in this thesis, and to try to maximise the authenticity of the research. I have therefore based my 'mapping and interpretation' – which will be unfolded in the rest of this thesis – as closely as possible on what participants conveyed to me during their interviews.

Furthermore, as Maynard argues, it can be seen as ethical and necessary for researchers to theorise their findings:

'Feminism has an obligation to go beyond citing experience in order to make connections which may not be visible at the purely experiential level. When researching women's lives we need to take their experience seriously but we also need to...take our own theory seriously and use the theory to make sense of the experience.' (1994:23-4)

One of the ways that mothers' and children's experiences are represented within this thesis is through extracts from their interviews, which are used throughout chapters 6-10. Although the use of quotations is standard practice within the writing-up of qualitative research, it is not without issues that need to be considered (Corden and Sainsbury 2006). For example, researchers should attempt to clarify what purposes they hope quotations will serve, and the processes through which quotations were selected. Within this study, quotations were used for three reasons:

- To illustrate the basis from which I have made my interpretations and conclusions
- To enable readers to make their own judgements about the accuracy of my analysis
- Because they often provided a better and more vivid representation of participants' experiences and feelings than my own writings could have done, creating more impact for the reader (Corden and Sainsbury 2006)

Quotations were therefore selected for use in this thesis because they illustrated a particular theme within the data and/or because they provided an insight into a participant's perspective.

Chapter 6: Closeness, distance and supportiveness during the domestic violence

Introduction

When [the perpetrator/father] had a tantrum and went off to the pub and left us I'd comfort Mum and hug her and she'd hug me as well. (Shannon, 10)

Well some days [the perpetrator] would be out and me and Mum would watch a movie and have some time together. I used to help cook tea with my mum because I enjoy cooking so we'd help each other. (Katie, 12)

I felt like our life was falling apart at home because of the domestic abuse so I tried to give [John] a bit of normality. And that's why we opened up to one another, we told each other things [...and] we did things together. When we went to the movies or we went shopping we could just let our hair down and do what we wanted to do. (Eloise, mother)

I spent a lot of time in their bedroom playing with them and teaching them things, colouring, reading, baking. I also took them out a lot and kept them busy. I had a very consistent night-time routine with them and I tried to keep life as normal as possible...Jane and I were very close...She was really close to me and massively supportive. (Alison, mother)

Chapters 6-10 will discuss the findings of this study. Addressing the research questions, these chapters will consider the extent to which mother-child supportiveness occurred: (a) during the domestic violence, and (b) once mothers and children had separated from perpetrators/fathers. They will also analyse the

data that suggest why mother-child relationships became more or less supportive, the strategies used by mothers and children support one another, and the feelings that they expressed about the levels of support in their relationships.

The current chapter will focus on the extent to which mothers and children were able to maintain close and supportive relationships with each other during the domestic violence. All of the research questions set out in chapter 1, except question 2b, will be partly addressed. As this chapter will demonstrate, during the period of the domestic violence, approximately half of the mother-child relationships in the study (including those described in the above quotations) maintained at least a moderate level of closeness. The other half were more strained and distant. This range of effects on mother-child relationships is consistent with the findings of previous studies (Mullender *et al.* 2002).

Within this thesis, 'closeness' and 'supportiveness' are seen as distinct (closeness relating to mothers' and children's feelings, supportiveness relating to their actions), but also mutually constitutive. Mothers and children tended to support each other because they felt close to one another; and, in turn, giving each other support generally increased their closeness. However, the presence of closeness and supportiveness could co-exist with negative feelings and actions. As we will see below, mothers and children could be close and supportive without directly discussing the domestic violence, and while also experiencing blame, guilt and anger.

This chapter will begin by considering the various barriers that prevented mothers from separating from perpetrators/fathers. Addressing research question 2a, the chapter will then consider the five factors linked to perpetrators/fathers' behaviours that most influenced whether mother-child relationships were closer or more strained while the domestic violence was on-going. Next, it will introduce four categories to distinguish between closer and

more strained mother-child relationships. Finally, it will explore in detail how domestic violence affected the mother-child relationships in this study. Throughout, it will emphasise:

- Factors promoting closeness between mothers and children
- Factors inhibiting closeness and creating distance between mothers and children
- Ways that closer mothers and children supported each other
- Obstacles to supporting each other faced by mothers and children
- The complexity of mother-child closeness and supportiveness during the domestic violence

Supportiveness in the context of domestic violence survival

Before this chapter addresses the ways that mothers and children acted, or did not act, to support one another during the domestic violence, it is important to consider why it often took mothers a significant period of time to remove themselves and their children from the situations that they faced. This section will consider research in this area, before presenting data that suggest why the mothers in this sample did not separate sooner from perpetrators/fathers.

The belief that mothers should, by separating from perpetrators/fathers, protect their children from exposure to domestic violence, has become influential within child protection discourses (Hester 2011). It is often seen as the mother's responsibility to act in the best interests of their children, to make the safety of their children a priority, and to secure the children's safety by ending their relationship with the perpetrator/father (Humphreys and Absler 2013). Viewed through this discourse, the ways in which mothers support their children during the domestic violence are largely irrelevant; children are being harmed by the domestic violence, and mothers should act to end this harm.

However, this discourse has been critiqued by researchers and practitioners engaged with mothers experiencing domestic violence. Multiple bodies of research now exist exploring the barriers faced by women in leaving abusive relationships. These include the psychological difficulties in breaking free from years of escalating emotional abuse, manipulation and coercive control (Williamson 2010; Enander 2011), and women's fears about the repercussions of leaving in terms of on-going, lethal violence from perpetrators/fathers.

These fears about escalating violence have been substantiated by researchers, and the period around and immediately after leaving is recognised as a time of high risk in which perpetrators/fathers' violence often escalates, rather than ceases (Fleury *et al.* 2000; Humphreys and Thiara 2003b; Radford and Hester 2006; Thiara and Gill 2011). Researchers have also noted how women are confronted with a range of practical difficulties when they attempt to leave abusive partners, ranging from the need to secure new housing to a loss of income (Moe 2009; Abrahams 2010; Radford *et al.* 2011).

Where women are also mothers, these barriers to separating from perpetrators/fathers may be further exacerbated. Depending on circumstances, mothers may be reluctant to separate children from their fathers, or conversely, may fear the abuse of children during unsupervised post-separation contact visits (Radford *et al.* 1999; Radford and Hester 2006; Rhodes *et al.* 2010). Mothers may also wish to avoid uprooting children from their homes, schools and friendship networks, and may be concerned about taking their children into a new single-parent household with less money and material resources (Moe 2009). Researchers who focus on barriers to separating do not suggest that mothers have no responsibility for children's safety. Rather, they argue that, for it to be possible for mothers to help to secure children's safety, the state and perpetrators/fathers must create conditions where separating from perpetrators/fathers is a safe and viable option.

Leaving may therefore be a complex, difficult and dangerous process for mothers experiencing domestic violence, requiring them to weigh the advantages and disadvantages of separation. For women with children, what often tips the scale in favour of separation is an escalation in perpetrators/fathers' mistreatment of children, or mothers' realisation of the negative impacts that staying with the perpetrator/father is having on the children (Moe 2009; Rhodes *et al.* 2010).

The data collected by this study are consistent with those discussed above. A desire to protect their children often acted as a catalyst for the 15 mothers to separate from their abusive husbands or partners. However, before this point had been reached, mothers described experiencing a range of barriers to ending relationships with perpetrators/fathers. Often, responses from services had left them disbelieved and inadequately protected or supported. For a period of time, these concerns had made separation appear to be an unviable option:

I always believed that I wasn't going to be believed. I thought I was going to be told 'you're a stupid cow' basically. (Ellie, mother)

It took me a few days to go to the police when he first attacked me because I was thinking 'they're going to think it's my fault'. Then you go to the police station and report it and all I got from them was a sheet of paper with [telephone] numbers on. (Isobel, mother)

[We were put in a hostel] – My daughter's asking me 'where are my toys, Mummy?'. There's literally just a mattress on the floor and drug-addicts trying to kick our door in at 4 in the morning, and I've got my 6-year-old daughter in the room with me, so what do I do? Just stay in that 'for our safety'? Or do I go back to where she's got her nice, flowery, fluffy, cosy bedroom, all of her toys? (Ellie, mother)

Several mothers also outlined the fear that perpetrators/fathers had instilled in them, and their concerns for the survival of their children if they attempted to leave, particularly in relation to courts mandating contact between children and perpetrators/fathers (Radford 2013):

Eloise: I'll always look back with sadness that I could have got out sooner...but if I'd of left when John was younger, [the perpetrator/father] could have gained access...Look how many children have been killed by parents, you know? I wouldn't have felt comfortable or safe with John being left with his father at all.

Emma: What effect did that have on your feelings about leaving?

Eloise: It definitely played a huge part because I knew he could get access and I used to think he would kidnap him and I wouldn't see him again or maybe kill him.

At the point where he became physically violent, I realised I was totally under his control basically, um...and then it increased and increased and increased and I was absolutely terrified of him...I was so terrified I did whatever he told me to do basically...When somebody's got their hand round your throat and you're nearly dying, people need to understand the fear that that puts into you. (Ellie, mother)

In-line with the findings of Goldblatt *et al.* (2014), mothers often also described how they had been in a state of denial about the extent to which their children were aware of, and affected by, what was happening:

You just think that what goes on with him, is like it's a separate world, and you think that the children don't know and you are protecting them

but actually they do know, because they can hear as well as sort of see...But as Shannon got older and became more and more aware of what was going on, it was far more difficult for me to stay. I couldn't; not when I could see it was increasingly damaging her. I couldn't stay with him. (Ellie, mother)

Conversely, some mothers who had experienced less physical violence from perpetrators/fathers discussed how they had found it difficult to identify that their partners were perpetrating domestic violence and were not going to change:

He was always making promises to improve...it was probably only that last 6 months when he realised I was thinking of leaving him that he got physical. [...Before that, he was doing] niggley little things where you think 'I don't like that', but it's that balance between telling your husband 'you're being stupid, sort it out' but putting out a united front for your children, or protecting your kids, and it's a difficult line...but that final incident was so bad and so over-the-line that I knew that was the time to leave him...There was no question those children needed to know that that wasn't acceptable and we were going. (Ruby, mother)

I knew what was going on but it took me a while to piece it all together because he was saying that it was my job that was coming between the family...He'd always twist it round. (Isobel, mother)

Overall, then, the mothers in the sample faced a range of different obstacles to ending their relationships with perpetrators/fathers. Often, separation seemed to present a worse set of options than remaining in terms of the harms that children and mothers would suffer. Often, too, vital support and

protection from services seemed unlikely, or mothers were not yet aware that their partner was a perpetrator of domestic violence. It was in these contexts of doubt and confusion that some of the mothers and children in the study acted to support one another, while others experienced strained and distant relationships.

The circumstances in which mother-child supportiveness occurred may therefore be seen as morally and ethically complex. With hindsight, many mothers were aware that they should have removed their children from perpetrators/fathers at an earlier stage, and had come to feel guilty that they had not done so. However, it was difficult for mothers to think in those terms while they were being terrorised, confused and manipulated by perpetrators/fathers. Several mothers had also been let down by inadequate responses from services when they had attempted to leave. The mothers in this sample may therefore be seen as acting to protect and support their children to the extents that were possible for them within the highly-constrained situations created by perpetrators/fathers and the responses of services.

Introducing the five factors affecting mother-child relationships

Through extensive analysis of the interview data, five factors were identified that influenced whether the mother-child relationships in the study became closer or more damaged during the period of the domestic violence. These factors were primarily linked to perpetrators/fathers' behaviour:

1. Perpetrators/fathers' relationship with the children: usually hostile, or inconsistently alternating between hostility and 'friendliness' as part of an overall pattern of abuse.
2. The type of violence: whether this was: (a) physical violence plus emotional/financial/sexual abuse and control, or (b) emotional/financial/sexual abuse and control, but with less physical violence.

3. Children's awareness: the extent to which they understood that the perpetrator/father was abusive, and what feelings they had towards their mother and towards the perpetrator/father.
4. How perpetrators/fathers' behaviour affected the mother's mental health and her ability to connect with the children.
5. Perpetrators/fathers' level of intervention against the mother-child relationship: whether there was a direct attempt to undermine it, or not.

These five factors tended to be interconnected. So, mothers and children tended to be closer during the domestic violence when:

1. Perpetrators/fathers were usually hostile towards the children.
2. The children saw perpetrators/fathers commit physical violence against the mother.
3. The children understood that it was the perpetrator/father's behaviour that was wrong, and that their mother was a kinder parent.
4. The mother retained her ability to connect with the children, even when experiencing poor mental health in other ways.
5. Perpetrators/fathers were less interested in undermining the mother-child relationship, or were unable to do so because the children could recognise and reject attempts to turn them against their mother (due to 1-4 above).

Accordingly, the more distant mother-child relationships were often the result of the reverse set of scenarios.

All of these factors have been identified in previous research (Mullender *et al.* 2002; Humphreys *et al.* 2006a; Morris 2009; Lapierre 2010; Thiara and Gill 2011; Harne 2011; Bancroft *et al.* 2012). Yet these factors have rarely been brought together and considered as interrelated. Nor has there been any

investigation of what impacts this set of factors, *taken together*, may have on closeness and supportiveness within mother-child relationships. This thesis furthers knowledge in this area, then, by exploring how this set of factors influenced closeness and distance in mother-child relationships. Considering these factors together is also advantageous because it foregrounds perpetrators/fathers' violence, abuse and parenting, and highlights their culpability for the negative impacts of domestic violence on children and mothers (Harne 2011). This set of factors also recognises the agency of mothers and children, and their potential capacity to resist these negative impacts.

However, it is also important to consider that other factors which fell outside the scope of this study may have impacted upon closeness and distance between mothers and children. These might include, but are not limited to, whether the family was in poverty, the educational qualifications of parents, pre-existing parental mental illness, and whether mothers had previous experiences of abuse in childhood or from other partners. As data were not gathered in relation to these topics, it cannot be known if they were also impacting on the mother-child relationships analysed in this study.

The five factors identified by this study will now be introduced in more depth (although the full presentation of data and discussion of these factors and their impacts will be left until later in this chapter). In relation to the first factor, participants' accounts suggested that several of the perpetrators/fathers had a nearly continuously hostile and abusive attitude towards their children, and rarely did anything that the children could have interpreted as positive. The children of these men often felt closer to their mothers. By contrast, other perpetrators/fathers acted in ways which were manipulative and abusive but which their children interpreted as positive. For example, they promised to take the children out and then disappointed them at the last minute, sometimes offered them praise but ignored them at other times, or gave them money and 'junk food' yet also physically abused them. In-line with the findings of Bancroft

et al. (2012), this could leave children with confused and ambivalent relationships with their fathers.

Moving on to the second factor, there was a clear distinction in this study between families where there had been a high level of physical violence and those where there was significantly less, or no, physical violence. Although this factor did not appear to have a direct effect on mother-child relationships, it did indirectly influence factors 3 and 4, as we will see below. Approximately half of the mothers in the sample (Ellie, Eloise, Kimberley, Charlie, Lucy, Ria, Akeela and Bella) described how they were subjected to every form of abuse associated with domestic violence, including physical violence and threats, emotional and often sexual and financial abuse, and having their lives controlled and monitored by the perpetrator/father:

We had broken furniture because he threw it at me...He would say I was cold that I didn't understand him....He would buy expensive food [for himself] and I was living on water. (Ria, mother)

There was no peace for me in that house; it was echoing with him shouting, screaming, yelling for little petty things. [...In bed] he'd treat me like meat. No love or tender care. (Akeela, mother)

Once I got home a few minutes late. He started banging my head against the wall, calling me all these names, saying 'where have you been you bitch?'. (Ellie, mother)

For a further five mothers, the domestic violence involved far less (Isobel, Marie, and Lauren) or no (Sybil and Violet) physical violence, but rather an unrelenting campaign of emotional abuse, often alongside sexual and financial abuse and control of their lives by perpetrators/fathers:

Keeping you down, chipping away at you; he used to say 'if you leave me no one else is going to want you, you're ugly'. (Lauren, mother)

If I went out, he said it was because I wanted to look at other men or phone my lover. I couldn't go anywhere without having to explain myself. He gave me a set amount of time to get home from work. (Isobel, mother)

Finally, a small minority (2) of the mothers (Ruby and Alison) described experiencing somewhat less severe patterns of domestic violence. The details of these cases will be discussed later in this chapter.

Factor 2 impacted on mother-child relationships partly because it affected factor 3. Children living with high levels of physical violence against their mothers generally had more of an understanding about what was occurring. These children were likelier to see perpetrators/fathers' abuse of their mother as wrong and to have a closer relationship with their mother. By contrast, children in families with less physical violence and greater emotional abuse and control tended to feel more confused and ambivalent about what was happening in their family. They were often less aware of the full scale of the abuse, and sometimes had more strained relationships with their mothers. This finding is in-line with that of Thiara and Gill's, based on their interviews with 45 mothers and 19 children, that: 'Where children were directly abused or witnessed repeated abuse, they held "antidad" views. However, where children were either not abused or did not witness violence, they often held positive feelings for their fathers' (2011:43).

In relation to factor 4, the negative impact of the domestic violence on mothers' mental health varied within the sample. Some mothers were successful in continuing to spend quality time with their children in spite of their poor

mental health; often this was facilitated by perpetrators/fathers being at work or otherwise absent from the family home. However, several mothers found their ability to connect with their children compromised because of how the perpetrators/fathers' behaviour affected them, and this tended to produce distance in their mother-child relationships.

Finally, turning to the fifth factor, mother-child relationships could be affected by perpetrators/fathers' attempts to undermine them. Such attempts were reported by all of the mothers in the sample. The mothers' reports suggested that their partners had been jealous of their mother-child relationship, with many using various strategies to damage it. These strategies, also identified in existing studies (Radford and Hester 2006; Humphreys *et al.* 2006a; Morris 2009; Lapierre 2010; Bancroft *et al.* 2012), included:

- Saying negative things to children about their mothers. This encouraged children to form negative opinions about their mothers and to have little respect for them.
- Saying negative things to mothers about their parenting and their children's opinion of them. Through these comments, perpetrators/fathers were targeting and undermining a core element of their partners' identity.
- Preventing mothers from spending time with their children or showing them affection. Perpetrators/fathers often controlled and regulated space and time within the household, and demanded that they receive the majority of the mother's attention. This often prevented mothers and children from doing things together and generating positivity in their relationship. It could also confuse children, giving them a sense that their mother did not love them, and make mothers feel guilty and disconnected from their children.

- Overriding the mother's authority, or her attempts to keep the children in a stable routine. Some perpetrators/fathers adopted a permissive parenting style to make the mother appear to the children as the stricter parent. This could set children against their mother's attempts to guide or 'parent' them.

These actions by perpetrators/fathers had variable impacts. One mother, Ruby, explained that her ex-partner would not have been able to turn her children against her because: 'it wouldn't have washed with them at all'. She went on to state that:

Even if their dad said bad things about me, they wouldn't have believed him; kids know the truth. Things have to be in a bad, bad way for them to believe lies like that. (Ruby, mother)

This finding supports the argument presented in chapter 4 that children are sometimes capable of making their own interpretations and judgements, and of resisting information that they believe to be untrue. However, other mothers described how their children had been left confused, distressed or hostile towards them by the perpetrators/fathers' behaviour:

It got to the point where the kids were talking to me like dirt, and ignoring everything I said, because that's all they saw from their dad. It was so stressful. (Bella, mother)

Overall, the impacts documented in this study support theories found in the wider domestic violence research field that: (a) attacks on the mother-child relationship are a central aspect of perpetrators/fathers' abuse; and (b) perpetrators/fathers' relationships with their children cannot be seen as separate

from violent and abusive behaviours towards their partners (Mullender *et al.* 2002; Humphreys *et al.* 2006a; Radford and Hester 2006; Morris 2009; Lapierre 2010; Harne 2011; Bancroft *et al.* 2012). Throughout the chapter, there will be a detailed presentation of data and discussion of how these factors impacted on mother-child relationships, especially the ability of mothers and children to support one another.

Identifying patterns of closeness, distance and supportiveness

In this chapter, as previously noted, different categories will be used to refer to the types of mother-child relationships experienced during the domestic violence. These categories were not created prior to the data collection. They emerged during the data analysis process, by analysing the actual words spoken by participants, and participants' 'affect displays': their tone of voice, facial expressions and body language. Ultimately, through detailed comparisons of participants' accounts, 4 categories of mother-child relationship were formed:

1. Very close and highly supportive
2. Fairly close and moderately supportive
3. Fairly distant but moderately supportive
4. Very distant, containing little support

This categorisation was not designed as a typology that could be generalised to the wider field. The small size of the sample (along with my strategy of asking some organisations to refer me to families where the mother and children seemed close – see chapter 5) means that it does not represent the likelihood of mother-child relationships becoming closer or more distant. Rather, it is an organisational tool for analysing the different types of mother-child relationship present within the study.

For example, analysis of mothers' statements suggested some major differences in how their mother-child relationships had been impacted by domestic violence:

[My daughter] really did get me through it...She was really close to me and massively supportive. (Alison, mother)

'We were always close it's never been a case of, you know, not being [close, but...] our relationship probably broke down a little bit' (Lucy, mother)

Our relationship was okay; we rowed a lot. (Roxie, aged 11)

I cut myself off emotionally from the kids, and just put a kind of wall up and like just cared for them on autopilot I suppose. (Marie, mother)

It was these types of statements from participants, among others, that led to the creation of the 4 categories.

The table below shows the distribution of the mother-child relationships across these categories:

Table 5: Mother-child relationships during the domestic violence grouped by closeness, distance and supportiveness

Very close and highly supportive	Fairly close and moderately supportive	Fairly distant but moderately supportive	Very distant, containing little support
Ellie ¹ -Shannon	Lucy-Zara ²	Isobel-Bob	Kimberley-Elle
Eloise-John	Akeela- <i>Ali</i> -Vince-Brock	Sybil- <i>Jack</i>	Charlie- <i>Tanya-Ross</i>
Ruby-Katie-Thomas	Violet-Joe-Angel	Bella-Roxie	Marie-Leah
Alison-Jane	Lauren-Grace-Zoe		Ria- <i>Carly</i>

¹Mothers' names are listed first

²The names of the 6 children who were not interviewed, but were discussed by their mothers, appear in italics. See discussion of the mother-child and mother-only samples in chapter 5

As this table shows, in approximately half of the mother-child relationships studied, the mothers and children were closer and their relationships contained moderate-to-high levels of support during the domestic violence. The other relationships were more distant and contained moderate-to-low levels of support.

This mix was helpful in generating knowledge about the different ways that mother-child relationships may be affected by domestic violence. There is a particular lack of detailed exploration within existing literature regarding closer, more supportive mother-child relationships (see chapters 1-4). The opportunity to explore these relationships in-depth was therefore particularly welcome.

The next two sections of this chapter will explore the mother-child relationships that retained the highest levels of closeness and supportiveness during the domestic violence. The final sections of the chapter will then turn to

the mother-child relationships that were more distant and contained lower levels of supportiveness. In each section, the techniques, if any, that mothers and children used to support each other will be discussed, partly addressing research question 1b of this thesis (see chapter 1).

Very close and highly supportive relationships

The 4 families where the mother and child/ren were very close during the domestic violence, providing each other with high levels of support, were:

1. Ellie and her daughter Shannon, 10 (child/ren's ages during the domestic violence: 1-6)
2. Eloise and her son John, 20 (ages: 0-16)
3. Ruby and her children Katie, 12, and Thomas, 10 (ages: 8-11 and 6-9)
4. Alison and her daughter Jane, 11 (ages: 2-4)

Families 1 and 2 experienced closeness in the midst of extreme violence and suffering. In both families, there were high levels of physical violence (often committed in front of the children), and the perpetrators/fathers were usually hostile towards the children in their everyday interactions with them. In families 3 and 4, the domestic violence was less severe. Given these different contexts, we will explore the mother-child relationships in the 2 sets of families (1 and 2, then 3 and 4) in turn.

Closeness in cases of extreme violence

In families 1 and 2, the five factors (introduced above) all favoured mother-child closeness. The children in these families saw their mother being assaulted (factor 2), and John was also directly assaulted by his father (factor 1). The perpetrators/fathers also emotionally and financially abused and controlled many

aspects of the mothers' and children's daily lives. Ellie was sexually abused by the perpetrator/father, including being raped in front of Shannon (factor 2). Additionally, Shannon and John had no siblings. For both, it was only themselves and their mother in the household with the perpetrator/father.

In these families, then, mothers and children were being co-abused by perpetrators/fathers, and were going through much of the domestic violence together. The mothers and children in these families described an intense closeness, and a feeling of connection in their suffering:

We felt like we were a unit, and then there was him. (John, 20)

To a large extent, we're like one person, and I think that's because we've been together more or less constantly through all the domestic violence; we've been to rock bottom together. (Ellie, mother)

This co-abuse was reflected in their use of 'we' and 'our' to describe their shared experience of what was happening:

Me and mum kind of lived in fear, definitely when it was night. Because he'd get angry and start being nasty like a few times a week or something, and most of the time his behaviour was just unacceptable. And it just wasn't nice and we just didn't like it. (Shannon, 10)

Eloise: It was like a yo-yo situation: we'd forgive him then he'd do it again. We used to have to barricade ourselves in John's bedroom, many a time.

John: We used to push my furniture against the door...

Eloise: ...But he'd still push in.

So, here, closeness was linked with jointly living in fear, jointly perceiving the perpetrators/fathers' behaviour as wrong, and working together to protect themselves against perpetrators/fathers' violence. John in particular noted the strong feelings of love and hatred that he had developed, through living in these circumstances, for his mother and father respectively:

I love mum with all my heart and soul, and I did back then. I just hated that man and I worried what he'd do to her. (John, 20)

Forms of support between mothers and children living with extreme violence

Both mothers, Ellie and Eloise, provided high levels of support within the confines of the situations that they faced, despite experiencing poor mental health because of the domestic violence. Eloise was depressed and crying every day. Ellie, encouraged and coerced by the perpetrator/father, was taking illegal drugs. Nonetheless, both maintained strong bonds with their children, doing what they could to prevent their children from seeing violence and from getting hurt. Perhaps more importantly, they were generally warm and loving towards their children, helping them to cope emotionally with the domestic violence. Both persisted in spending time with their children whenever possible. In relation to factor 4, then, these mothers retained the ability to connect with their children, even though the domestic violence was having a negative impact:

He wanted all of me, all the time when he was home. [...But when he was at work] Shannon and I used to play, usually upstairs. The upstairs was sort of our area and the downstairs was his area...I made this wonderful fairy-tale world for her upstairs in her bedroom, and just all upstairs really, and we spent most of the time together up there. (Ellie, mother)

Eloise: We did things together. When we went to the pictures or we went shopping we could just 'let our hair down' and do what we wanted to do.

John: When we would come back with shopping bags, sometimes we had to hide them.

E: We used to throw them over the hedge.

J: Into the garden so he wouldn't see them.

E: Clothing or anything I'd brought John, because he [the perpetrator/father] would go mad [that I'd spent money on John].

These times of 'letting their hair down' appeared to have played a critical role in these mother-child relationships, helping mothers and children to maintain closeness and positivity with each other. Eloise and John's description of going shopping may be seen as an example of mutual support, as they worked together to hide their purchases from the perpetrator/father. Shannon also described how she and Ellie mutually supported each other when the perpetrator/father had been abusive and then left the house. At these times, Shannon and Ellie provided each other with reassurance and comfort by hugging each other and saying 'it's going to be okay'.

Eloise also described giving John direct emotional support, and openly apologising to him for the abuse that they were experiencing:

We talked about it; I used to say: 'I'm sorry sweetheart, I'm sorry for crying, and I'm sorry for upsetting you; this isn't normal, I wish this wasn't happening; I'm worried about your education'...I said to him: 'if you're in trouble at school, [and] you've done something wrong, tell me about it.' This was our closeness. When John did something wrong and I'd sit down and talk it through with him, I'd explain to him about life because I felt like our life was falling apart at home because of the

domestic abuse. So I tried to give a bit of normality, and that's why we opened up to one another, we told each other things. (Eloise, mother)

Eloise's actions were unusual within this study, as, in-line with the findings of Humphreys *et al.* (2006a), other mothers and children tended not to directly acknowledge and discuss the domestic violence while still living with it.

There were two circumstances that may have made it more possible for Eloise and John to feel that they could openly discuss the abuse they were experiencing: (1) they felt as though they were being co-abused by the perpetrator/father, and (2) John also lived with the domestic violence until the age of 16, perhaps enabling him and his mother to talk more as John matured. Further research with families in similar circumstances would be helpful in determining if co-abuse and children's age are linked with more open communication about domestic violence.

In addition, Eloise provided John with more general emotional support. She talked to him about what life should be like, dealt with his misdemeanours in a sensitive way, and encouraged him to talk to her when he was experiencing problems. Eloise's quote suggests that these supports may have been largely successful, with her and John 'open[ing] up to each other' and '[telling] each other things' in a way that promoted closeness in their relationship. As John reflected:

Mum's helped me a lot because, if you have a bond with your mum, that can help strengthen you, get you through it. Loads of people out there going through this don't have a bond with either parent, with anybody, so it's just themselves, but if you've got somebody, at least one person, that can be tremendous. (John, 20)

Communicating in these ways may have reduced Eloise and John's isolation by helping them to feel as though they had somebody with whom they could speak and confide their feelings.

Child-to-mother support was also occurring in these families. Shannon had lived with the domestic violence only up until the age of 6, but described how she had supported her mother by being 'nice' to her:

I'd just be very good to her, like I'd be polite and be like nice to her and happy and just very smiley to her...I never said any bad stuff to her or anything because I love her, and if I threw a bit of a tantrum, after seeing Dad doing that to her, I'd remember how much I loved her and I'd start being very nice to her again. (Shannon, 10)

Here, Shannon suggests that she supported her mother by regulating her own behaviour: trying to be pleasant and avoiding saying 'bad stuff'. This is a support strategy that could easily remain unrecognised by adults, but was experienced by Shannon as important. In addition to acting out of love, Shannon may have adopted this approach to increase the chances of emotional and physical survival for herself and her mother. By trying always to be nice to Ellie, Shannon may have been attempting to maintain Ellie's ability to cope and therefore to continue engaging in their mother-child relationship, a relationship that was particularly vital to pre-school Shannon. Shannon also discussed in detail how she had wanted to protect Ellie physically, but had been too young and frightened to attempt this at the time.

John, by contrast, had often intervened physically, having lived with the domestic violence until the age of 16. John also provided a higher level of direct emotional support, perhaps reflecting his greater maturity. As Eloise described:

He's been so supportive. In an emotional way he was supportive to me...He would say to me: 'Mum don't go to bed tonight in his room; come and sleep with me'. So I'd get into his bed and John had like a bean-bag and he'd lay on the floor and he'd say: 'shall I put us a movie on Mum, what do you want to watch?' – to cheer me up. He was like a counsellor; he had to grow up so quickly because of his father's bad behaviour and attitude. (Eloise, mother)

John also recalled his wish to support Eloise:

I just wanted to be there for her to look after her. (John, 20)

John's actions in supporting Eloise were aimed at helping her to maintain a happier mood. In taking the initiative and suggesting that she watch films with him, John was doing what he could to counter his mother's depression, and creating opportunities for them to spend time together. Eloise's quote about John being 'like a counsellor' also suggests that he tried to help her to cope with her more negative feelings, although neither of them gave details about this in their joint interview.

Like Shannon, John's supports can be seen as being motivated by love and his need to promote his own and his mother's emotional and physical survival (both of which were entwined – as we saw above, it was John's bond with his mother that was helping him to 'get through' the situation). As Mullender *et al.* (2002) observe, children may support their mothers as part of their own coping strategies.

It is also notable that both John and Shannon were only-children. This may have produced more intense bonds between these children and mothers, as no siblings were present to divide their attentions from each other (Bjorngaard *et al.* 2013). However, there was not always closeness in this context. As we will

see later in this chapter, Ria and her only child Carly experienced greater distance in their relationship.

Complexities of these mother-child relationships

Although these children and mothers loved each other intensely, and their relationships were a source of support, they also had feelings of anger and guilt towards each other. Ellie reported that Shannon had felt angry towards her while they had lived with the perpetrator/father:

She was really angry at me but she couldn't express it. She would just look at me with this really angry look, sort of furrowed brow, and just be quiet really. [Sometimes] she would say: 'you don't love me; you only love him', and I would just think: 'oh God'. It used to kill me. (Ellie, mother)

Shannon's own comments (discussed above) suggest that she was actually attempting to support to her mother by 'not saying bad stuff' instead of expressing her feelings. However, Ellie's interview suggests that 'bad stuff' sometimes burst out, and that, for Ellie, Shannon's feelings were still painfully evident.

Ellie described how, besides holding strong feelings of love and protectiveness for Shannon, she herself had also suffered from feelings of guilt about what Shannon was going through:

I couldn't invite her friends round from school, because I didn't know what he might do. But I used to play with her, and one time, when she was about 5, she'd made all these paper cut-outs of like little people and she said: 'these are my friends', and I just felt terrible. I felt so guilty. (Ellie, mother)

Ellie also discussed how this guilt had been an obstacle to her openly communicating with Shannon about the violence that they were experiencing, although, as we have seen, they were still supporting in each other in a number of ways, including by giving hugs and reassurance:

We didn't actually talk to each other about what he did or what he would say. We'd just be: 'Oh he's just being naughty, just shouting, that sort of thing', and just push it under the carpet, never actually [talk about it]. I felt too guilty, too embarrassed, and didn't want to accept the way that it was, let alone sort of think that I was letting Shannon down so much actually. (Ellie, mother)

As Ellie's comments suggest, pushing the perpetrator/father's behaviour 'under the carpet' was part of her emotional survival strategy. It is significant that, in the midst of such guilt, the mothers and children in families 1 and 2 were able to continue playing and spending positive time together. As we will see in this chapter, mothers and children who were *not* able to preserve this time together tended to have far more damaged relationships.

Closeness in cases of less severe violence and abuse

Families 3 and 4, unlike families 1 and 2, were experiencing some of the least severe (though still significant) abuse in the study. Neither family appeared to have experienced severe, frequent physical violence, or major emotional abuse (belittling, degradation), or isolation or control of their daily lives. Ruby experienced 'minor' physical violence such as hair-pulling and pushing, sexual coerciveness, and an attitude of unreasonableness/hostility towards her and her children (factor 1). Alison, meanwhile, believed that the perpetrator/father had only become abusive after becoming dependent on drugs. This had led to him

becoming occasionally physically violent towards her, financially abusive (to fund his drug use), and oblivious/uncaring about the emotional impacts of his behaviour. Alison's daughter Jane had experienced the perpetrator/father as being largely absent from her daily life (factor 1).

In terms of how the mothers were affected by the domestic violence (factor 4), one factor promoting mother-child closeness was that Ruby and Alison were not afraid of their partners, and were not prevented from spending time with the children or from showing them love and affection. Analysis of their interviews also suggested that these mothers' mental health and confidence were stronger than other mothers in the sample, because they were not being directly emotionally abused by perpetrators/fathers. (However, both did experience some mental health impacts.) Finally, because the perpetrators/fathers were either hostile or disinterested towards the children, the children found it easier to remain close with their mothers (factor 3).

Forms of support between mothers and children living with less severe violence

Because Ruby had not been afraid of her partner until near the end of their relationship (factor 2), she had been able to maintain a high degree of control over her parenting. This had given her children Katie and Thomas (aged 8-11 and 6-9 during the domestic violence) a sense that they could consult her whenever they had problems:

If I ever needed anything I'd just go to my mum. (Katie, 12)

Katie also described how her mother had ignored the perpetrator's claim that she should punish her children more severely. Ruby had made it clear to her partner that if he ever hit her children (he was not the children's biological father) that it would be the end of their relationship. This was effective, and the

children were not hit. Ruby also explained how, when arguments broke out between her and the perpetrator, she would get the children out of the way, often telling them to go upstairs. Ruby was therefore supporting her children in multiple ways during the domestic violence.

Alison also described how she had worked extremely hard to keep her young children away from the perpetrator/father's drug use. While they lived with the perpetrator/father, Jane was 0-4 years-old and her sibling (not considered within this study) was 0-2. In her efforts to shield them, Alison provided the warm and consistent parenting that shaped their early years. This appeared to have largely protected them from the harmful effects of the perpetrator/father's behaviour:

I tried to keep the kids away from their dad's addiction as much as possible...I spent a lot of time in their bedroom playing with them and teaching them things, colouring, reading, baking. I also took them out a lot and kept them busy. I had a very consistent night-time routine with them, and I tried to keep life as normal as possible for them. Jane and I were very close. (Alison, mother)

Similarly, Ruby and Katie were able to spend time with each other when the perpetrator was absent from the house (although, when he was present, he deliberately disrupted this). Ruby and Katie both described these times together as a form of mutual support:

Well, some days he [the perpetrator] would be out, and me and Mum would watch a movie and have some time together. I used to help cook tea with my mum because I enjoy cooking so we'd, like, help each other. (Katie, 12)

The children and I, we've always had a laugh together, so on those days when we were alone we would snuggle up on the sofa and watch films together, and we always emotionally supported each other then. (Ruby, mother)

Ruby also attempted to support her children to deal with the emotional impacts of the perpetrator's behaviour. As Thomas described:

Mum helped me a lot because, when [the perpetrator] told me off, she said: 'it's alright, it doesn't matter'. (Thomas, 10)

As Thomas says here, Ruby's emotional reassurance was important in minimising the harm caused by the perpetrator's abusive behaviour.

The closeness between Ruby and her children also helped to protect their relationship from being directly undermined by the perpetrator (factor 5). Ruby commented that any attempts by the perpetrator to turn her children against her would have been unsuccessful:

It wouldn't have washed with my kids at all, because they would have told me straight away anyway, and they would have told him where to go. (Ruby, mother)

Katie's and Thomas' close relationships with their mother therefore had the beneficial effect of helping them to reject the perpetrator's potential attempts to manipulate them and to undermine those relationships.

Complexities of these mother-child relationships

As with Ellie and Shannon's relationship discussed above, Ruby and her children's relationships also contained some strains. One of the strategies used

by Katie and Thomas to support their mother was to withhold their true feelings: Katie described how she and Thomas had disliked Ruby's partner almost as soon as they had met him, but had not told her because they did not want to upset their mother or ruin her relationship. Again, this highlights how mothers and children could be very close and supportive, yet remain silent about the domestic violence.

Ruby had been aware of Katie's and Thomas' negative feelings towards her partner. She believed that her children's wish to have the perpetrator out of their lives had caused some tensions in their mother-child relationships at the time. However, Ruby also thought that these negative feelings had been outweighed by positives in their relationships. She felt that this was because she had been able to continue parenting Katie and Thomas in a warm and loving way. Ruby and her children had continued to communicate about general things and spend time with each other:

I just think they probably thought I was letting them down in some way or not protecting them. But I was still their same old mummy, and they were still close to me, and we still did the same things we always did and we still talked, so I think in many ways that made up for them at some points feeling: 'I want to go mummy; why aren't we going?'...But I think mostly they would have felt the same things towards me that they'd always felt [e.g. love and closeness]. (Ruby, mother)

Ruby also described how it was her children that had kept her going and had given her a reason to hold onto her mental health while living with the perpetrator. Ruby's suggestion that her relationships with her children had remained fundamentally close was supported by Katie's comment that:

I didn't get along with [the perpetrator], but me and my mum were always fine. (Katie, 12)

Similarly, Alison affirmed how supportive Jane had been towards her. Having been only 2-4 years-old during the domestic violence, Jane had lacked a full understanding of the situation. However, she *had* been aware that her mother would benefit from, or respond well to, support:

[Jane and her younger sibling] were a massive support to me. Jane was so grown up...She kind of almost looked after me for a year. There were lots of hugs and she'd make me pretend cups of tea...She really did get me through it...She was so young; she wasn't fully aware really of what was going on, and she hadn't witnessed a lot of other people's houses, so it was normal to her...She was really close to me and massively supportive. (Alison, mother)

Even though these supports (hugs, pretend cups of tea) were simple and similar to what young children in 'normal' families might do (Oliphant and Kuczynski 2011), Alison had experienced them as profoundly helpful. Knowing that her daughter loved her and wanted her to be happy assisted Alison to 'get through' the experience and ultimately to escape from the domestic violence.

Reflections on the very close and highly supportive relationships

The accounts of the mothers and children in families 1-4 suggest that the mutual supports in their relationships generally increased their well-being and helped them to survive the domestic violence.

These supports took several forms, including protecting each other from abuse and comforting and reassuring each other. On an everyday level, mothers and children supported each other by spending time together when they were

apart from perpetrators/fathers. Some children also engaged in more negative forms of support. These involved not sharing their feelings with their mothers because they believed it would upset them. In one case, the child supported the mother to the point of being a counsellor for her, and in other cases in more age-appropriate ways. Within all of these families, support and closeness ran alongside negative feelings such as anger and guilt in complex ways – perhaps with the exception of Alison and Jane, who did not report experiencing any negative feelings.

Supportiveness and closeness were related to the five factors influencing mother-child relationships. The domestic violence (factor 2) was either: (a) so bad for mothers and children that it brought them together, or (b) significantly less severe, meaning that mothers were able to continue parenting and mothers and children were able to continue spending time together largely as they wished.

It was notable that none of the perpetrators/fathers in these families had positive relationships with their children (factor 1). This appears to have made it easier for the children to dislike these abusive men and stay closer to their mothers (factor 3), limiting the success of the perpetrators/fathers in undermining the mother-child relationships (factor 5).

Fairly close and moderately supportive relationships

Compared with the relationships in families 1-4, those in families 5-8 were *fairly* close and involved *moderate* levels of support. These families were:

5. Akeela and her sons Ali, 15*, not interviewed, Vince, 13, and Brock, 12
(child/ren's ages during the domestic violence: 0-7, 0-4 and 0-3)
6. Lucy and her daughter Zara, 11, not interviewed (ages: 0-4)
7. Violet and her children Joe, 14, and Angel, 12 (ages: 0-5 and 0-3)

8. Lauren and her daughters Grace, 14, and Zoe, 12 (ages: 0-5 and 0-2)

*It is noted that although this chapter explores the mother-child relationships in 'families 1-15', in 4/15 families it was only possible to gather the mother's accounts about what happened within a family, as the children could not be interviewed (see chapter 5). In these cases, we only have the mothers' accounts of the closeness, distance and supportiveness in their mother-child relationships.

We will now examine why the mothers and children in families 5-8 were fairly close, why they were not closer, and the types of support that mothers and children gave to one another.

Factors promoting closeness in these mother-child relationships

In families 5-7, the most prominent factor producing closeness between mothers and children was factor 1: the perpetrators/fathers' hostile relationships with the children. Both mothers and children (when interviewed) described how this had made it easier for the children to dislike their father and build a stronger relationship with their mother (factor 3), and to resist their father's attempts to undermine the mother-child relationship (factor 5):

He used to hit us a lot...I didn't like him and I didn't talk to him that much. I wanted to stay with my mum, because my mum is much nicer.
(Vince, 13)

He was just trying to make my brother [Vince] go with him so my mum would feel upset, but then once my brother was living with him he would probably hit my brother, shout at my brother, not let my brother do anything and lock him in the room. (Brock, 12)

She [Zara] used to have to eat everything on her plate – she was only 3 or 4 – otherwise he'd start getting really angry and controlling over that...He was shouting at her to pick her toys up and eat her dinner, smacking her. (Lucy, mother)

I never spent much time with my dad. I've never been close to him. (Joe, 14)

Also, although Lucy does not mention it above, Zara was sexually abused by the perpetrator/father. Lucy had been unaware of this during her relationship with the perpetrator/father. It was only after she and Zara had separated from the perpetrator/father that Zara (then aged 4-5) disclosed it to her mother.

In family 8, Lauren was in a different situation from the other 7 mothers whose mother-child relationships were fairly or very close, as her children also felt close to the perpetrator/father. This perpetrator/father, although an emotionally abusive parent, was not permanently hostile, and sometimes lavished Grace and Zoe with attention and compliments that were well-received. Factors 1 and 3 were therefore contributing to the mother-child relationships in this family becoming more strained.

The primary factor producing mother-child closeness in family 8 was Lauren's warm parenting and the time that she was spending with Grace and Zoe (factor 4). Lauren was able to persist in playing with her children while her partner was absent from the house. Also, despite the perpetrator/father's moments of generosity, Grace and Zoe (aged 0-5 and 0-2) had sensed that Lauren could provide them with more emotional consistency (factor 3):

At the time, I kind of saw my dad as the fun parent and my mum as the stable parent who always looked after us. (Grace, 14)

However, the interviews with participants from families 5-8 suggest that their relationships were not as close as those in families 1-4.

Factors that prevented these mothers and children from being closer

In families 5 and 6, the primary obstacle to greater closeness between the mothers and children was the negative impact of perpetrators/fathers' behaviour on mothers (factor 4). In-line with the findings of other studies discussed in chapter 4 (Radford and Hester 2006; Lapierre 2010), Akeela emphasised the negative effects of the abuse on her mental and physical health. She said that, by the time she ended the relationship, she felt that she had little to give to her children, as she was 'emotionally drained and physically gone'.

Similarly, Lucy described how the domestic violence had affected her mothering:

I was on auto-pilot as a mum. I was looking after them, but with no energy to enjoy the relationship – you're just completely gone. It's like you're outside your own body, just looking at someone else's life, just doing what you can to get by. It is like being on autopilot: You're just functioning because you have to. (Lucy, mother)

Lucy stated that, previously, she had put a lot of energy into Zara as a baby and spent a lot of time with her:

I just loved her; she was just this little girl, I loved her you know, she was my daughter...I probably did throw a lot of my energy into her...I remember how I used to dress her; she was always immaculate...I was always with her when she was a baby. (Lucy, mother)

This energy and time together may have helped to build closeness between Lucy and Zara in Zara's early months. However, Lucy's interview suggests that this diminished as the domestic violence took an increasing toll.

Additionally, mothers in families 5 and 6 found it harder to connect with their children because of their children's behavioural problems. Akeela's young sons had, as a result of the perpetrator/father's abuse of them and their mother, become angry and aggressive. They were lashing out at other children and at each other. Conversely, Lucy's described how Zara's personality had been 'repressed' while she lived with the perpetrator/father.

Lucy also discussed how her ability to defend Zara from the perpetrator/father's physical and emotional abuse had been limited during the domestic violence. (As mentioned, she did not know of the sexual abuse of Zara until after separation.) This was because the perpetrator/father had manipulated Lucy's views to the point where she began to think that his abuse was normal and felt unable to challenge it:

Zara was generally scared of him, but at the same time I didn't see it – what he was doing – so it almost became normal, and it did affect our relationship...I remember one day he shouted at Zara in front of my family, and she was crying her eyes out. But I used to sort of support him, because I didn't know what else to do...So, in that respect, our [mother-child] relationship probably broke down a little bit. (Lucy, mother)

Here, Lucy's capacity to understand what was happening was impaired because of the perpetrator/father's extreme domestic violence against her. Her apparent support of the perpetrator/father may therefore have been one of the factors preventing her and Zara from feeling very close during the domestic violence.

Overall, there was a sense in the interviews that these mothers and children had been emotionally disconnected and separate from each other while living with perpetrators/fathers, even while suffering together from the abuse. For example, Akeela felt that she was supporting her children by *not* communicating her feelings to them:

We were all touchy; they were upset, I was upset, it was just upsetting. We didn't understand each other...But, at the time, I thought I shouldn't tell them my feelings because I'm an adult, I'm a grown woman, I'm their mum. (Akeela, mother)

However, this meant that the emotional impacts on all of them were not dealt with, leaving them all 'touchy and upset'.

There were similar reasons why Lauren and her daughters were not closer during the domestic violence. Like Akeela, she attempted to support her young children by hiding what was happening from them:

I was trying to cocoon and protect the girls, and hide what was happening from them, and do the best thing for them...I was hiding what was happening from the girls to protect them...I was trying to keep him [the perpetrator/father] happy and keep the girls happy too. (Lauren, mother)

Grace and Zoe were therefore largely unaware of the abuse that Lauren was experiencing (factor 3).

Furthermore, in family 8, the perpetrator/father was acting directly to undermine their mother-child relationship (factor 5). Lauren described how her partner was jealous of her relationship with the children. Although the children were spending time with Lauren when he was absent, when he was present he

tried to keep Grace and Zoe away from Lauren as much as possible. Closeness was also possibly reduced by the perpetrator/father often demanding that Grace and Zoe be quiet in the household. This may have led to developmental delays in Zoe, who only began to speak once she was living apart from her father.

Limitations of support between these mothers and children

The children in families 5-8 provided significantly less support to their mothers than those in families 1-4. This difference cannot be accounted for in relation to these children's young ages, as Shannon and Jane from families 1-4 were providing higher levels of support while aged 1-6 and 2-4 respectively. As discussed above, in family 5, Akeela believed that she and the children (aged 0-7, 0-4 and 0-3 at the time) had not understood one another while they living with the perpetrator/father and were often 'touchy' and 'upset' with each other. The children had provided significant *physical* acts of support – Akeela reported that Ali had intervened to protect her from violence, while the youngest child Brock reported that he had called the police for help on her behalf – but this did not appear to have occurred simultaneously with *emotional* support.

In families 6-8, it seemed that support was exclusively from mothers to children during the domestic violence. Though it is possible that mothers and children simply did not recall the supports given by children to mothers during their interviews, they made no reference to any support, either physical or emotional.

In these families, it seemed that the main way that mothers supported children was by providing warm parenting and spending time with their children when they could. For family 7 this was relatively easy, because the perpetrator/father was at work for much of the time. In her interview, Violet commented that this was one of the reasons that she and her children 'have always been close'. Lauren also contrasted the more carefree play that she and

her children enjoyed when they were alone together with the constraints that they were all placed under when the perpetrator/father returned home:

We'd be playing, and you'd know as soon as he was coming home because the atmosphere would change, and all of a sudden there were certain things you couldn't do because it might upset Daddy. (Lauren, mother)

Like the mothers interviewed by Lapierre (2010), another common way in which these mothers supported their children was by trying to protect them from knowledge of the abuse or from being directly abused themselves. We have already seen in this section how Lauren tried to protect her children from knowing about the abuse she was experiencing. Lucy also mentioned how she had believed at the time that she had successfully concealed the physical violence from Zara. (Zara had later told her mother that she had been aware of it and hidden under her bed covers when she heard it.) Akeela's children described how their mother had supported them by not telling them too much about what was happening, as the knowledge would have made them upset. Finally, Violet mentioned that she had tried to argue against the way that the perpetrator/father treated the children, but that he had reacted by angrily, 'getting in her face' and intimidating her.

These mothers were therefore attempting to support their children in some significant ways. However, there is a noticeable difference between these families and families 1-4. Within these fairly close, moderately supportive families, the mothers did not mention that they had given their children emotional support *specifically* in relation to their experiences of domestic violence (as distinct from *general* emotional support that they gave as part of their everyday parenting). Providing this specific emotional support may have been difficult because of the ways that these mothers reacted to, and were

affected by, the domestic violence (factor 4). Many mothers discussed how they had not been aware that they were being abused, and, in accordance with the findings of Radford and Hester (2006) and Mullender *et al.* (2002), had tried to cope with the negative things that they were experiencing by 'blanking them out':

Emma: Did you ever talk to Zara about what was going on or try to emotionally support each other at the time?

Lucy: No, I think I just blanked it out to be honest. I didn't recognise what was happening.

Hence, although they could often give their children *general* supports, the abuse they were experiencing meant that these mothers were not in a position to give their children emotional support in relation to the domestic violence.

Reflections on the fairly close and moderately supportive relationships

Levels of mother-child closeness and supportiveness in families 5-8 were related to the five factors influencing mother-child relationships, and how they were configured in these families. In families 5-7, closeness was promoted by the perpetrators/fathers' usually hostile behaviour towards the children (factor 1). However, closeness was limited by the negative impacts of the domestic violence on mothers (factor 4), and by its impacts on children's behaviour and development. In family 8, these factors were configured quite differently: The main factor promoting closeness was Lauren retaining a strong ability to connect with her children (factor 4); while the factors limiting closeness were: (a) the perpetrator/father's inconsistent relationship with the children (factor 1), and (b) the children's low level of understanding of the domestic violence and their mixed feelings towards their parents (factor 3). These findings therefore

highlight that different factors could promote or inhibit closeness in different families – there was no standard pattern.

The levels of support in families 5-8 were not as high as in families 1-4. Mothers attempted to protect their children from knowledge of the abuse that they were experiencing, and from being directly abused by their fathers. They also attempted to give their children everyday forms of emotional support. However, these mothers generally struggled to give their children emotional support in relation to the domestic violence, partly because they were coping by not thinking about it themselves. The data collected also suggested that the children in these families did not tend to be emotionally supporting their mothers.

These mother-child relationships were therefore mixed during the domestic violence. The supportiveness within these relationships contributed in some ways to the well-being of mothers and children, yet these relationships also contained some significant strains.

Fairly distant but moderately supportive relationships

Mother-child relationships in families 9-11 were fairly distant during the domestic violence. They included:

9. Isobel and her son Bob, 12 (child/ren's ages during the domestic violence: 0-9)
10. Sybil and her son Jack, 11, not interviewed (ages: 0-11)
11. Bella and her daughter Roxie, 11 (ages: 0-7)

Although more strained and negatively affected by perpetrators/fathers' behaviour, these relationships also contained elements of resistance and moderate levels of supportiveness between mothers and children.

Factors undermining the mother-child relationships

There were multiple reasons why the mother-child relationships in families 9-11 were distant and strained. Family 9 (Isobel and Bob) contained all of the five distancing factors outlined earlier in this chapter. The domestic violence experienced by Isobel was based less on physical violence and more on emotional and sexual abuse and control of her daily life (factor 2). The perpetrator/father was an inconsistent parent, sometimes being explicitly abusive and sometimes appearing to be generous to the children as part of his overall tactics of abuse (factor 1). Interviews with this family suggested that these factors led to Bob craving the attention of the perpetrator/father, and feeling confused and hurt when he did not receive it:

When he wanted to, he could be Superdad. He'd promise them the world, say we'd go on holiday, or go out somewhere, then he'd ring me up from the pub saying: 'such-and-such has come up, I can't come back, you'll have to tell them I can't'. So he was purposely building them up to knock them down. (Isobel, mother)

In families 9 and 10, mothers described how perpetrators/fathers had undermined their relationships with their sons in gendered ways (factor 5). These fathers made it difficult for mothers to be openly affectionate and loving towards their children, saying that boys should be 'tough' and: 'if you hug him you'll turn him into a poof'. Isobel's partner had also said negative things about her to the children (factor 5):

He'd call me a slag or something, and [my son] Bob would say: 'my mum's not one of *them*', and he [the perpetrator/father] would say: 'well you don't know about your mum'. (Isobel, mother)

As this quote highlights, many of the perpetrators/fathers showed a lack of care towards their children's emotional well-being. In family 9, the perpetrator/father attempted to deliberately undermine his son's understanding of his mother's character by telling him that he did not really know her; a disturbing and unsettling suggestion for a child.

Sybil also described how the constraints placed on her mothering by the perpetrator/father (factor 5) made her feel that she could not enjoy her relationship with her son while the domestic violence was on-going:

I didn't feel close to Jack back then. I felt like I was his protector, but not like I could enjoy him. (Sybil, mother)

Closeness in Sybil's relationship with Jack was therefore severely undermined while they lived with the perpetrator/father.

Furthermore, in families 9 and 11, perpetrators/fathers undermined mother-child relationships by posing as the 'fun' parent (factor 5). Isobel's partner told their children that they did not have to do any homework or clean their teeth. Bella's partner allowed their children to consume excessive 'junk food' and fizzy drinks, leading to them becoming overweight. Although it is not the purpose of this thesis to explore impacts on health and education, it is worth noting here that this strategy (which mothers found difficult to prevent) had negative effects on children.

These perpetrators/fathers were therefore making their partners appear to their children as the stricter, less likeable parent. Isobel and Bella discussed feeling particularly undermined by this strategy, as it set their children against any of their attempts to guide or 'parent' them:

It was quite hard really, getting them to do their homework, because he was saying: 'they don't need to do homework'. So it was like fighting a battle with him all the time. He was sort of 'the goody' and I was 'the baddy', you know. I was like: 'you've got to clean your teeth and have a bath and do your homework'. (Isobel, mother)

Anything I said to the children he would override on purpose; I was nothing in that house. (Bella, mother)

The children enjoyed the freedoms that perpetrators/fathers were offering them, and when Isobel and Bella attempted to reverse them, the children were resistant and resentful. Bella in particular suffered from the perpetrator/father being permissive to the children (factor 1) while also perpetrating emotional abuse against her in front of them (factor 2). She described how her children had shown no respect for her while they had lived with the perpetrator/father, ignoring everything that she said and speaking to her 'like dirt'. This treatment was especially marked in the case of Bella's step-child; a boy aged 11 at the time of Bella's separation. She described how this boy had been so affected by seeing his father's abusiveness that he had begun to be physically violent towards Bella himself.

Another major reason why these mother-child relationships were strained was the impacts of the domestic violence on mothers' mental health (factor 4). Both Sybil and Bella described how they had been worn down by perpetrators/fathers over a period of years until they were too 'downtrodden', 'miserable' and 'un-fun' to be able to play with their children:

[The perpetrator/father] always wanted my attention, so I didn't have much time to spend with Jack. I didn't have enough energy for him...It's hard to play when you're feeling sad and anxious all the time...I was so

ground-down by it all. I felt like a sad little woman locked away in a house. (Sybil, mother)

Isobel described how she had been kept so busy trying to deal with the perpetrator/father's demands that her daily life became 'robotic':

I was working full-time at the time, so I'd get up early in the morning. I'd make sure all their uniforms were set out...I'd do the lunches, I'd make sure the school bags were packed, everything was ready for school...I'd go to work. [Later] I'd go and get the kids from school, come back, do their tea, homework, bath, telly. It was just robotic. I didn't have time to think about anything really; that was it. (Isobel, mother)

Isobel was trapped in a daily cycle that left her with little energy to consider what was happening. There was therefore a sense in families 9-11 that the mother had been emotionally cut off from their children during the domestic violence (factor 4).

The final reason why mother-child relationships were strained in families 9-11 was the ways in which the children were affected by the abuse (factor 3). This was particularly significant within family 9. There, the domestic violence was less physical, and hence harder to perceive as wrong (factor 2), *and* the perpetrator/father was inconsistently friendly towards the child (factor 1). This combination of factors left Bob feeling confused, and made it difficult for him to support Isobel. As he explained:

Bob: I did want to call the police, but I didn't want Dad to go to prison or anything like that, because at the time I loved my mum as much as I did my dad.

Emma: Um, yeah. I see, yeah. You just wanted it [your dad's abusive behaviour] to stop.

Bob: Yeah.

Isobel's interview also confirmed how her children had been confused by the situation:

Emma: What different kinds of feelings do you think the children had towards you back then?

Isobel: Confusion, I think. I don't think they understood why he could be – because he was a 'Jekyll and Hyde' character – why he could be nice one minute and not the next. I suppose they loved me and that, but it was just a confusing time for them.

The confusion felt by Isobel's children was in marked contrast to the clarity of feelings reported by many children in families 1-8 such as John ('I hated [my dad and...] loved mum with all my heart'). Whereas mothers and children in families 1-8 were usually brought closer by perpetrators/fathers' treatment of the children, the different circumstances in families 9-11 had the opposite effect, producing distance and uncertainty. Bella's children treated her with little respect, while Jack became withdrawn and anxious and spent most of his time alone in his bedroom. Both of these situations made it harder for the mothers and children to feel close to one another, or to support each other while the domestic violence was on-going.

Forms (and limitations) of support in these families

Closeness and supportiveness were less prominent in these strained mother-child relationships, but were still present and playing significant roles. These mothers cared deeply about the impacts of the domestic violence on the

children, but were trapped in situations where they were largely powerless to prevent them. What they did was attempt to protect the children in ways that were possible within the situation.

In terms of mothers' physical protection of children, attempts were made in families 9-11 but they were often unsuccessful. Bella mentioned trying to avoid 'flare-ups' with the perpetrator/father for the children's sake. Sybil described how she had tried to prevent the perpetrator/father from treating their son abusively:

Jack would beg me to do things like give him a bath because his dad used to do it so roughly, getting shampoo in his eyes and things. Sometimes, if he was in a good mood, he'd let me, but other times he would just refuse. (Sybil, mother)

However, for Isobel and Bob, the ability to maintain a connection and closeness – albeit an attenuated one – was perhaps helped by spending 'normal' time together:

When he was in the pub everything was fine, but when he came back the atmosphere changed. I tried to do my best for the kids; I was always trying to do things with them when he wasn't there. When he was there, then we had to change how we were. We usually had to wait for him to pass out drunk at night time, you know, then carry on as normal. (Isobel, mother)

Emma: How were things between you and your mum, on an ordinary kind of level?

Bob: Me and mum were just like – I dunno – I'd just like hang out with her downstairs, sitting on the settee with her and stuff like that. Um, just normal really, just normal stuff.

A similar situation had been experienced by Sybil, whose 'normal', enjoyable time with Jack had been important to their relationship when Jack was younger, but impossible to maintain when the domestic violence became more severe. The improved closeness in their relationship during their recovery phase (see chapters 8-10) suggests that this time together in early childhood may have been critical in establishing a relationship that could re-emerge after separation from the perpetrator/father.

Isobel and Sybil also attempted to provide their children with emotional support. For example, Isobel's children were confused and concerned when the perpetrator/father accused her of having an affair in front of them, so Isobel tried to explain to them what 'affair' was in an age-appropriate way. Sybil also said how, although their relationship had become strained and distant towards the end of the domestic violence, Jack was still using it as a source of support. Sybil believed that even though Jack did not fully trust her, he still saw her as the person to turn to when he was upset and in need of sympathy.

Isobel had also tried to protect her children emotionally in ways that were well-intentioned but ultimately unproductive in building their relationships. One of Isobel's concerns in relation to her children had been to 'not shatter their illusions' about the perpetrator/father. Therefore, when the children had asked her why she was upset, she had minimised her distress:

If I was crying and they'd say: 'what's up Mum?'. I'd say: 'oh I'm just a bit upset today'. I wouldn't go into detail with them about it. (Isobel, mother)

This response, although it may have made sense to Isobel at the time, prevented her and her children from developing an understanding of what was happening (factor 3). Isobel's interview suggested that she had reacted in this way partly because she was in a state of denial, having not yet reached a stage where she could see through the perpetrator/father's manipulations:

Emma: Was it ever possible for you or the kids to talk to each other about what was going on back then?

Isobel: No...I wouldn't go into detail with them about it. Because if I didn't talk about it then it wasn't happening, basically...It took me a while to even realise what was going on, because he was saying that it was my job that was coming between the family...He'd always twist it round.

Many mothers and children in this study experienced similar processes, beginning with low levels of understanding about what was happening, and developing a clearer understanding over time (see chapter 7 for a discussion of this process in children). In these circumstances, it was difficult for mothers and children to talk about the domestic violence. However, there were other, subtle supports in their relationships.

Despite the distance, confusion and conflict created by the domestic violence, the children in families 9-11 – Bob, Jack and Roxie – were making some attempts to connect with, support and defend their mothers. Jack and Bob did so in different ways. Sybil noted that Jack had sometimes made comments to her such as: 'Dad's grumpy again', or: 'I'm sorry I made Dad angry'. These possibly indicate Jack's wish to be reassured that the abuse was not his fault,

and, beyond this, to encourage a shared understanding with Sybil about the perpetrator/father's unreasonable moods. Bob, meanwhile, had a relatively limited understanding about what was happening, as Isobel minimised her children's awareness of the abuse that she was experiencing (see above), and the perpetrator/father denied that his behaviour was abusive. Nonetheless, Bob did describe trying to provide emotional support to Isobel when he saw that she was upset:

If I saw mum was upset, I'd give her a cuddle or something like that, try and make her feel happy. Stuff like that really. (Bob, 12)

In her interview, Roxie (aged 0-7 during the domestic violence) suggested that she had provided some support for Bella. Roxie had become gradually more aware of the perpetrator/father's abusiveness (factor 3), perhaps partly because her understanding increased as she grew older, and partly because he had begun hitting her too. This had changed the nature of his relationship with her, shifting it towards being more hostile (factor 1). It was in this context that Roxie (despite having had, according to Bella, a disrespectful attitude) gave Bella emotional support:

Our relationship was okay; we rowed a lot...We got more close as I got older...I knew what was going on...I was worried about Mum quite a lot, and I did things to try and help her...When we were locked in the house, and mum was upset, I would hug her and tell her it was going to be okay. (Roxie, 11)

The broader meanings and impacts of these supports were unclear. On one level Bob and Roxie wanted to support and comfort their distressed mothers. However, it is possible that mothers did not always benefit from being supported

to cope with their negative feelings and told that 'things are going to be okay'. In some ways, this may have encouraged them to continue to try to live with the domestic violence, rather than taking steps to try to end it.

Reflections on the fairly distant but moderately supportive relationships

Comparing families 1-4 and 9-11 – the families where the data suggest that children provided support to their mothers during the domestic violence – we can see that there were varying contexts in which children could give their mothers support. Some children, such as Shannon, John and Roxie, were highly aware of the domestic violence and were giving support specifically to help their mothers through it (see above). Others were markedly less aware of the domestic violence, but had a general wish to support their mother when they perceived that she was upset. It is also notable that Roxie supported Bella in a context where discipline and respect had collapsed between them. Low levels of awareness or high levels of conflict did not necessarily preclude children from supporting their mothers.

In families 9-11, however, most of the five factors influencing closeness and distance in mother-child relationships were configured in ways that were undermining those relationships. Only one or two of the factors were promoting closeness and preventing mother-child relationships from becoming even more damaged. For example, Isobel's and Bob's relationship was undermined by all five factors, but Isobel was able to spend 'normal time' with her children (factor 4). Similarly, Sybil's and Jack's relationship was undermined by all of the factors except factor 1, as the perpetrator/father's hostile parenting meant that Jack was not drawn into a close father-son relationship. Finally, Bella and Roxie's relationship was strained by factors 4 and 5, and partly by factor 1 (the perpetrator/father's parenting). However, closeness was also produced by Roxie being hit herself by the perpetrator/father, and witnessing physical violence

against Bella (factors 1 and 2). This made Roxie want to be close to Bella at times (factor 3).

These mother-child relationships were therefore mixed during the domestic violence. They contained significant strains, and there was a sense of emotional distance between these mothers and children. Nonetheless, mothers and children were able to retain elements of supportiveness and closeness, and their relationships did not break down completely. This may have become significant after these mothers and children separated from the perpetrator/father when, as the next chapters will show, their relationships improved significantly.

Very distant relationships, containing little support

Families 12-15, where the mother-child relationships were most adversely affected, comprised:

- 12. Kimberley and her daughter Elle, 14 (child/ren's ages during the domestic violence: 7-10)
- 13. Charlie and her children Tanya, 14, and Ross, 9 (neither interviewed) (ages: 0-8 and 0-3)
- 14. Marie and her daughter Leah, 11 (ages: 0-10)
- 15. Ria and her daughter Carly, 7 (not interviewed) (ages: 0-3)

In these families, there appeared to be little or no supportiveness between mothers and children during the domestic violence. The variety in the children's ages during the domestic violence is particularly notable in this category; further indicating that, by itself, age was not factor in the closeness, distance and supportiveness between mothers and children in this study.

Factors undermining the mother-child relationships

The main issue undermining the mother-child relationship in family 12 was that the perpetrator was able to manipulate Kimberley into accepting his negative treatment of the children. This was one of the three families in the study (the others being Ruby-Katie-Thomas and Ellie-Shannon) where the perpetrator was not the children's biological father. For Kimberley, one of the motivations behind the relationship was to provide a father-figure for her children and a co-parent for herself.

During the relationship (which happened when her daughter Elle was aged 7-10), Kimberley had other children in their teens, and ultimately a baby with the perpetrator. However, the perpetrator began to control both her and her children. Kimberley reflected in her interview that, at the time, she had regarded these behaviours as a price worth paying:

I was spending more time with him than with my children. Now I think I should have really put my children first, but because I wanted this family unit, and he kind of knew that, he just took over so he was controlling the whole family...He put fear into my children regarding, like, what time they had to come home at night and dressing a certain way – 'do as you're told'...I was thinking: 'well is this normal or not normal?' [...Now I see that] I was more on my ex's side than on my children's side, and I should've told him to stop it, it's wrong. [...But back then] I just wanted this family unit to work. (Kimberley, mother)

In hindsight, Kimberley realised that her responses had increased the distance between her and her children. Furthermore, the abuse was having a physical effect, leaving her drained of energy and unwell (factor 4). This meant that, ultimately, she and her children largely stopped spending time together – at

least until near the end of Kimberley's relationship with the perpetrator, when she took her children out for meals to try to rebuild her relationships with them.

The situation was compounded by the fact that Kimberley's children were largely unaware that she was also being abused by the perpetrator (factor 3). This was because Kimberley was making efforts to protect her children from witnessing the violence against her:

I couldn't tell my kids what was going off, because my kids never saw...There were a lot of things that my kids didn't see or hear because I think it's not right for a child to see or hear any arguing or violence in the house. (Kimberley, mother)

Although this protected the children in some ways, and can be considered an act of support, it also further undermined Kimberley's mother-child relationships. The children's lack of knowledge about the domestic violence made it difficult for them to understand her behaviour. Rather than connecting with her or trying to support her, they disconnected from her:

My kids started to shut down. We never used to communicate [about what was going on], because my kids never saw...I think [my kids] just shut down and left me to it, and I just had to deal with it myself and end it myself. (Kimberley, mother)

In her interview, Kimberley's daughter Elle found it difficult to talk about her feelings during the domestic violence. However, she did say that she 'was sad' at this time, and often stayed in her bedroom. There was therefore a strong sense that Kimberley and Elle were affected by the abuse separately, sitting in different rooms and not communicating together about what was upsetting them.

Family 13 was anomalous within the study because it contained two factors that usually led to mother-child relationships becoming closer: frequent physical violence, of which the children were aware (factor 2), and the perpetrator/father being hostile towards the children (factor 1). Charlie even described how she and the children were affected by the domestic violence in the same way, using the 'we' that normally denoted a close mother-child relationship:

We were always walking on eggshells, tiptoeing around. (Charlie, mother)

The critical factors that appear to have prevented this shared experience from translating into closeness were (factor 4) the perpetrator/father successfully stifling Charlie's ability to connect with Tanya and Ross (who were aged 0-8 and 0-3 during the domestic violence), and (factor 3) the children not understanding that what was happening to Charlie was wrong.

Turning to factor 4 first, Charlie explained the comprehensive control exercised over her life by the perpetrator/father:

Basically, I didn't have time to think about how it was affecting me and the kids, because I was constantly working in the house. I did long shifts at work, had to come home, bath the kids and stuff, because he didn't do it. I wasn't allowed to be on my own. He would always take me to work, pick me back up...I had to have a spotless house...It was a nightmare. (Charlie, mother)

As we have seen, several of the other mothers in the sample who went out to work less often than the perpetrator/father made use of their time alone with the children to build and maintain closeness and positivity in the mother-child relationship. By contrast, Charlie was disadvantaged by her working regime and

the level of control exerted by her partner, leaving her with no window of time or energy for her children.

Turning to factor 3, Charlie believed that Tanya and Ross had little understanding that the perpetrator/father's violence was wrong:

Children don't know what's right or what's wrong, depending on how old they are. If they see their dad hit, they probably think: 'that's what he should be doing'. (Charlie, mother)

As we have seen with families 1-11, this was not normally the case. Many young children who witnessed frequent physical violence against their mother did have a clear sense that it was wrong. The reason for Tanya's and Ross' lack of understanding may have been partly connected to the way that Charlie presented the situation to them. Part of Charlie's own coping strategy, it seems, was to tell her children that she was 'alright'. In-line with the findings of Radford and Hester (2006:41), Charlie may have needed to believe this to cope with the days, months and years of the perpetrator/father's abuse:

They knew that I was sad and hurt because of the injuries I used to have, and they were concerned about me, but I always used to say I was okay and: 'I'm alright, I'm tough', and just left it at that...I tried to just be strong and get on with things. (Charlie, mother)

However, although Charlie was attempting to reassure her children by saying that she was alright, this may also have had the effect of discouraging her children from supporting her. Charlie was also, perhaps, inadvertently encouraging them to think that it is permissible to be violent, providing that the victim is 'tough' enough to take it. Nonetheless, it is important to remember that the person most responsible for giving Tanya and Ross the message that

violence is acceptable was the perpetrator/father. Charlie had also made desperate attempts to protect her children from seeing the violence against her, often running out the room that she had been in with the children when she knew that an attack was imminent.

In families 14 and 15, the strains in the mother-child relationship were partly due to the mother's difficulties in connecting with the children. In family 14 there was less physical violence (factor 2) and, as we have seen, it was therefore harder for children to understand what was happening and why it was wrong (factor 3). Leah, the third oldest of 7 children, lived with the domestic violence from 0-10, but rarely witnessed the perpetrator/father being physically violent. As Marie explained:

He wasn't that physically violent throughout the relationship. It kicked off more when I tried to leave. It was control, anger. I walked on eggshells around him. Financially – I'm on benefits now and I've got more money now than I've ever had – he kept us short of money and he was sexually abusive [towards me] as well. So, in terms of physical violence, the kids didn't see much because there wasn't that much really. (Marie, mother)

In addition to these insidious forms of abuse – financial, sexual, emotional – the perpetrator/father was systematically undermining the mother-child relationships on multiple levels (factor 5). One strategy was to insult Marie in front of her children and encourage them to laugh at her:

Emma: Did he ever say bad things about you in front of the kids?

Marie: Yeah, definitely. He'd put a joke at the end of it, so it would seem like: 'oh it's okay, he's just joking', but to the children – no, because he's constantly putting Mum down. So I think that affected them, because

their level of respect for me was not very much at all. I was nothing in the relationship, so they didn't see me as worth anything I don't think.

Secondly, the perpetrator/father eroded her authority over the children:

If I tried to discipline them when I was with him, he would just override it straight away, so they didn't see that they had to listen to me. (Marie, mother)

Thirdly, Marie was prevented from spending time with the children:

He wouldn't allow me and the kids to build a relationship. He wanted me to just do the basic caring for the children – clean them, put them to bed – but there was no fun, no playtime allowed. Like when Leah used to want me to sit and brush her hair – that wasn't allowed because he'd be jealous. He'd say things like: 'You've spent enough attention on her, what about my attention?'. (Marie, mother)

Leah confirmed in her own interview that she had barely been able to spend any time with her mother during the domestic violence:

The only time we were together was when we were clearing up and that. We didn't talk or anything. We didn't, like, talk to our mum, sit on the settee, watch a film or anything, and we didn't go to the shops together, except in the summer holidays...It was like Mum wasn't there...It felt like she wasn't there, because I didn't spend time with her or anything. (Leah, 11)

Marie explained how the only way she could cope with this painful disconnection was to emotionally distance herself from her children (factor 4):

I cut myself off emotionally from the kids and just put a kind of wall up, and like just cared for them on autopilot I suppose...It was a protection thing for me – the way I got through it was putting a wall up and blocking the kids out emotionally, because he could be quite physical with my son sometimes. He'd leave handprints on him if he'd smacked him; things like that. (Marie, mother)

Hence, because Marie had been placed in a position where she had no control over her children's upbringings and could not protect them, it was too painful to be attached to them. Marie confirmed in her interview that the perpetrator/father had made it impossible for her to protect her children:

I was too frightened most of the time to say anything. I think I just cut myself off. On the odd occasion when I did say something, I soon shut up because he'd make it clear he was gonna carry on anyway and he wasn't gonna listen to me. (Marie, mother)

Marie believed that her children may have been worried about her at times – but, like Charlie, she 'put on a brave face' in a way that discouraged them from expressing their concerns:

Emma: Do you think the kids were ever worried about you?

Marie: Sometimes if I was, like, upset and crying because of whatever he'd done, then yeah, they would be concerned then. I think I put such a brave face on it, and sort of hid it so well, that probably not, no. I don't know, like I say we didn't communicate that much about feelings or

anything, so I suppose if they had been concerned they maybe didn't voice it?

The perpetrator/father's behaviour in this family therefore had a devastating effect on Marie's relationships with her children. She and the children were almost entirely disconnected from each other for much of their childhoods.

In family 15, Ria experienced a similar struggle to connect with her daughter Carly. By comparison with Marie, however, Ria experienced a markedly greater amount of physical violence, particularly during her pregnancy. The trauma of this violence appeared to have led Ria to feel unable to bond with her daughter during her early years (factor 4) (although this improved somewhat once the perpetrator/father was out of their lives):

It was a very stressful pregnancy. It [the domestic violence] got worse when I was pregnant. I felt ugly and alone...I've struggled with giving Carly affection; I've struggled showing her love; I've struggled just cuddling her. (Ria, mother)

These struggles may have been exacerbated by the perpetrator/father preventing Ria from caring for Carly as a baby (factor 5). Ria recalled an incident, dating from when Carly was a new-born, in which the perpetrator/father kept Carly in the room while he and his friends took illegal drugs. Eventually Carly needed breastfeeding and began to cry, but the perpetrator/father would not allow Ria to take Carly out of the room. This incident led to Ria separating from the perpetrator/father, but he manipulated her into offering him another chance and was 'in and out of Carly's life' until she was 3-years-old. Ria explained that she had relented partly because she was finding it so difficult to show love towards Carly:

Every child wants consistency – they want love, and I felt I couldn't give her that love, and maybe her dad could give her more. That's where I was wrong. (Ria, mother)

This decision to permit the perpetrator/father to return may be seen as an attempt to support Carly by providing her with a source of love. However, as Ria says, this was a situation where the perpetrator/father was again in a position to continue perpetrating domestic violence and to constrain her ability to express affection towards Carly.

Reflections on the very distant relationships, containing little support

In this section, we have seen the particularly damaging effects that could be produced by the five factors linked to perpetrators/fathers' behaviour. In families 12-15, factor 4 – the effects of the domestic violence on mothers – was particularly harmful. It often prevented mothers from emotionally connecting with their children, and produced distance in mother-child relationships. Most of these mother-child relationships were also heavily undermined by perpetrators/fathers (factor 5), especially by preventing mothers and children from spending time together. Finally, the children in these families had low levels of awareness of the domestic violence (factor 3), either not knowing what was occurring or not understanding that it was wrong. Accordingly, none of the mothers and children from these families reported spending positive time together, or having any form of positive relationship with each other, while living with perpetrators/fathers.

Supportiveness in these families was consequently limited. Mothers attempted to support their children by trying to protect them from knowledge or witnessing of the physical violence against them. They often also 'put on a brave face' and minimised the distress they were feeling (an act that was simultaneously an act of support, part of their own coping strategies, and an obstacle to the development of understanding or supportiveness between these

mothers and children). Within this climate of emotional distance, there were no data to suggest that the children in these families gave their mothers support.

Overall, the mother-child relationships discussed in this section were the ones most damaged by the domestic violence. As we will see in the following chapters, this damage was long-lasting. It was these four families where mother-child relationships appeared to have improved the least after separation from the perpetrator/father.

Conclusion

Chapter 3 reviewed research which suggests that supportiveness is a commonplace and valued feature of parent-child relationships in families which are *not* experiencing major adversity (Arditti 1999; Gillies *et al.* 2001; Morrow 2003; Oliphant and Kuczynski 2011). Given this normalcy of parent-child supportiveness, chapter 3 argued that it is helpful to explore the extent to which domestic violence impedes the development of mother-child support, and the extent to which support is still occurring between children and mothers despite the domestic violence. This chapter explored these issues. Contributing to addressing the research questions of this study (see chapter 1), the current chapter has shown that there was an element of supportiveness in many of the mother-child relationships, the extent of the support varied, and the extent of this support was influenced by several factors. Mother-child relationships could be experienced both positively or negatively, and could have positive or negative impacts on mothers' and children's well-being.

As we have seen, in some families the development of support was impeded to the point where little-to-none was occurring. In others, despite the domestic violence, support was occurring at moderate-to-high levels, and could have a positive impact on children's and mothers' well-being. We have also observed how mother-child relationships were influenced by the five factors

(identified and discussed above) linked to the perpetrators/fathers' behaviour. These included two factors that are often examined separately – the impacts of domestic violence on mothers' physical/mental health, and the parenting of perpetrators/fathers – along with issues that are rarely discussed in the existing literature, such as the ability of mothers and children to spend time together.

The findings of this chapter also support the argument (presented in chapters 1-3) that the bilateral model of parent-child relationships provides a helpful theoretical framework for research into domestic violence. Some of the mothers in the sample supported their children by using similar strategies to those outlined by Radford and Hester (2006) and Haight *et al.* (2007) (see chapter 4). These included reassuring and emotionally supporting their children, and attempting to protect them from harm. What this chapter highlights, however, is that mother-to-child supports rarely occurred unilaterally.

Rather, they were often bilateral. Within this study, all of the mother-child relationships where children were supporting mothers were relationships where mothers were also continuing to support their children. There were no situations where mothers gave low levels of support and children were 'parentified' into giving high levels of support. For instance, we saw John acting as a counsellor-figure for his mother Eloise, while Eloise continued to parent and support John. 'Adult' levels of support were therefore exchanged by both Eloise and John, each trying to help the other to survive the domestic violence. However, other more age-appropriate supports such as watching movies or shopping together were also occurring in this family.

Age-appropriate supports were also given by younger children within the study, such as hugging their mothers and making them pretend cups of tea while their mothers continued to parent them. Children in these families, although their level of worry may have been heightened, were supportive of their mothers in some of the same ways as children in 'ordinary' families (Oliphant and Kuczynski 2011). The families where mothers were giving children

low levels of support were those where the mother-child relationship was strained and distant. In these families, children were not supporting their mother either.

These findings support the argument made in chapter 3 that it is beneficial to look in a nuanced way at the phenomena of children supporting their mothers in contexts of domestic violence. Chapter 3 argued that, within the domestic violence research field, there has been an overuse of the concept of parentification and idea of children taking on adult roles. There is a tendency for studies to frame child-to-mother support in these terms and to mainly discuss its negative impacts (Holden 2003; Holt *et al.* 2008; Stanley *et al.* 2012; Hague 2012; Swanston *et al.* 2014). As a consequence of this tendency, there has been little consideration of situations where children do not become 'parentified' or 'adult-like' through exchanging supports with their mothers.

It is therefore notable that many of the children in this study were supporting their mothers in ways that were age-appropriate and reciprocated by mothers. This suggests that it may be helpful to give careful consideration to the dynamics of mother-child relationships. As the field of children and domestic violence continues to explore the issue of child-to-mother supportiveness, it may be useful to examine whether children's support is more 'adult-like' or 'child-like' in nature, whether it is reciprocated or unreciprocated by mothers, and, therefore, whether it is appropriate, or not, to apply the term 'parentification' to that support.

Some of the findings that have been presented in this chapter also support and build on previous research in the field by Humphreys *et al.* (2006a). Their research showed that domestic violence may undermine mother-child relationships, and that non-communication or a 'conspiracy of silence' may develop between abused mothers and their children. The findings presented in this chapter also highlight, though, how this non-communication and straining of mother-child relationships may exist *alongside* supportiveness. This

supportiveness often involved spending time away from perpetrators/fathers' abuse. Most of the mothers and children in this study had avoided directly discussing the domestic violence while it was on-going. Nonetheless, mothers and children could still hug each other, reassure each other, or attempt to cheer each other up.

In making life with the perpetrator/father slightly more bearable, mother-child supportiveness may potentially have delayed the process of separation in some families. However, having someone within the household providing them with some support and love may have been playing a vital, positive role in mothers' and children's daily lives. These supports may also have had positive impacts on mothers' and children's mental health in ways that ultimately assisted the process of separation. Future research could further explore this phenomenon of mothers and children supporting each other without directly discussing the domestic violence. It could examine the implications of this phenomenon for our understandings of how domestic violence affects mother-child relationships.

Overall, the findings presented in this chapter have shown the complexities of mother-child supportiveness. Partly addressing research question 1c (see Chapter 1), closeness and supportiveness could coexist with strains, confusions and negative feelings. Mothers who felt close and supportive towards their children could also feel guilty about their children's experiences of domestic violence. Children could behave in challenging ways towards their mother, yet also be supporting their mother when they perceived that she was upset.

In the following chapters, we will explore how these processes continued after mothers and children separated from perpetrators/fathers. After separation, the mothers and children in this study began the challenging process of recovery.

Chapter 7: Challenges of recovery and impacts on mother-child relationships

Introduction

This chapter will explore the ways in which separating from perpetrators/fathers and beginning to recover affected the relationships between the mothers and children in this study. As we saw in the previous chapter, living with domestic violence affected mother-child relationships in diverse ways. Some relationships remained particularly close and supportive, while others became very distant. Yet even the closest relationships were not without strains. During the domestic violence, mothers and children could be experiencing feelings of guilt, failure, anger and blame alongside feelings of love and the wish to support one another.

It was therefore not only mothers and children as individuals who needed to heal and recover from domestic violence; mother-child relationships also needed to be strengthened or transformed. As we will see in chapters 7-10, when recoveries were successful, mothers and children in the study often gained enhanced capacities to mutually support one another in productive ways. By contrast, mother-child supports were negatively impacted when recoveries were limited and the negative effects of the domestic violence were not overcome.

The need to repair mother-child relationships as part of domestic violence recovery-work is an emerging area of research and practice in the UK, although the links between recovery and mother-child supportiveness remain largely unconsidered. In 2006, Humphreys *et al.* developed two workbooks designed to increase positive communication between mothers and children who have separated from perpetrators/fathers (2006b, 2006c). Continuing to research in this area, Humphreys *et al.* (2011) examined the small but increasing trend for post-crisis services to work jointly with mothers and children to strengthen their mother-child relationships. This is accomplished through the Ontario model

where parallel groups are held for women and children in the community, often over 12-week programmes. These programmes are being delivered in the UK by organisations including Women's Aid and the NSPCC, with research suggesting that they have some significant positive impacts on mother-child relationships (Sharp *et al.* 2011; McManus *et al.* 2013).

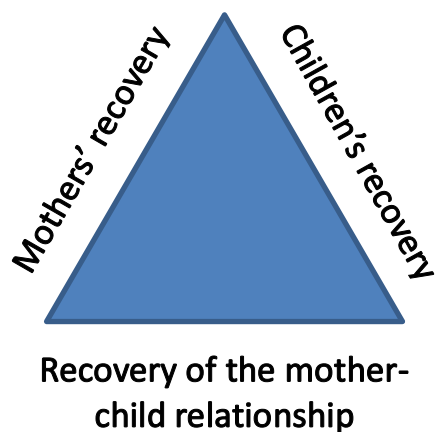
This thesis also contributes qualitative data on the impacts of these programmes. Several participants (6 families from the mother-child sample, plus two mothers from the mother-only sample) had attended or were attending them at the time when they were interviewed (2011-2012), although evaluating the programmes was not a focus of this study. Overall, then, a small but significant body of research is emerging in relation to the post-separation recoveries of mother-child relationships. However, knowledge in this area is still scarce, and a 2014 study by Goldblatt *et al.* comments that: 'Little knowledge exists on abused women's experience of motherhood following divorce' (2014:561). Chapters 7-10 contribute to the growing research on this topic by exploring supportiveness between mothers and children recovering from domestic violence.

This chapter will, firstly, present a framework for conceptualising the recoveries experienced by the mothers and children in this study. It will then proceed to identify the primary obstacles to recovery that they faced, discussing the negative impacts of those obstacles on mother-child relationships and mothers' and children's capacities to support one another. Finally, particularly addressing research question 2b (see chapter 1), this chapter will identify the factors that, for many of the mothers and children, assisted recovery and laid the foundations for increased post-separation supportiveness.

The triangle of recovery

Recovering from domestic violence is a multi-faceted, challenging process requiring much emotional energy and effort (Abrahams 2010). For both mothers and children, it involves moving beyond states of fear, numbness and confusion, and building, over time, a new sense of self and a new way of being (Wuest *et al.* 2004; Abrahams 2010). The findings of this research suggest that it is helpful to conceptualise the recoveries of the mothers and children in this study as a triangular process.

Figure 3: The triangle of recovery



Using this model, the three sides of recovery can be seen as interlinked: that of (a) mothers as individuals, (b) children as individuals, and (c) the relationship between mothers and children. At the start of the recovery process, there may be problems on each side of the triangle. For example, as a result of the domestic violence: (a) mothers may be in poor mental health (b) children may be confused, withdrawn or aggressive, and, consequently, (c) mothers and children may not have the capacity to begin addressing the strains, tensions and

negative patterns of interaction that built up in their relationship during the domestic violence.

However, as recovery progresses, and, where necessary, mothers, children and mother-child relationships receive appropriate professional supports: (a) mothers' mental health may improve, (b) children may become calmer, happier and more communicative, and (c) mothers and children may be able to work through the strains in their relationship and develop more positive patterns of interaction. As we will go on to see, the findings of this chapter and the following three chapters also suggest that a further element of the 'mother-child' side of the triangle – side (c) – may involve mothers and children gaining an increased capacity to support one another in ways that further promote their recoveries and well-being.

Obstacles to recovery

For recovery to become significant and sustained, suitable conditions must be in place. Mothers and children need to be experiencing little on-going abuse, to feel safe and secure, and to have largely regained control over their lives (Ford-Gilboe *et al.* 2005). However, this is often not the case. Mothers and children are frequently faced with many obstacles and barriers that impede their recoveries. As we saw in chapter 4, these include post-separation violence and harassment (Fleury *et al.* 2000; Humphreys and Thiara 2003b; Radford and Hester 2006; Thiara and Gill 2011) and on-going contact between children and perpetrators/fathers (Bancroft and Silverman 2002; Eriksson *et al.* 2005; Radford and Hester 2006; Beeble *et al.* 2007; Harrison 2008; Harne 2011; Hester 2011; Thiara and Gill 2011; Elizabeth *et al.* 2012; Watson and Ancis 2013; Radford 2013).

The vast majority of mothers and children in this study experienced these problems in the first 1-2 years after separating from perpetrators/fathers, and in

some cases for much longer. In their interviews, mothers and children described the detrimental impacts of these problems. Analysing these interviews suggested that when these problems were acute, no aspects of the triangle were likely to begin, and mothers' and children's capacities to support one another were often limited.

Post-separation violence and harassment

Post-separation violence and harassment was a major problem for many mothers and children in the study. The perpetrators/fathers in these families were rarely sent to prison for committing domestic violence. Only 1/15 perpetrators/fathers was in prison at the time of the interview; the others remained at liberty, many doing 'normal' jobs. Therefore, despite the fact that most had committed criminal offences during the domestic violence, they were usually free to continue their violence and harassment of their ex-partners and children after separation.

One mother, Kimberley, described the harassment that she and her children had experienced, and the effects that it had on all of them:

My ex has had no real consequences for his actions...He used to come round and bang on the door, and be abusive on the telephone...He threatened to kill me a couple of times...We were all looking over our shoulders...I used to feel paranoid and they used to feel paranoid...My daughter used to check the doors all the time; even when we went on holiday she used to get paranoid and check the doors. (Kimberley, mother)

For Kimberley, one consequence of living under threat was that she struggled with her mental and physical health and found it difficult to improve her relationships with her children:

Emma: What was it like trying to be a mother while all that stuff with your ex was going on?

Kimberley: It was hard because I felt weak and I was very emotional, and I was working as well, so I found it hard communicating with my kids and having that family relationship.

Kimberley's quote suggests the direct links between the negative impact on mothers as individuals and the impacts on mother-child relationships. As a mother who was feeling emotionally overwhelmed and physically weak, Kimberley struggled to communicate with her children.

Another issue discussed by several families was how post-separation violence/harassment prevented mothers and children from going out and having the carefree time together that children, especially, often described as important for strengthening their mother-child relationships. Mothers and children described how their movements had been shaped around efforts to avoid perpetrators/fathers:

Isobel: The first time I pressed charges, he got a few months for battery and he got let out after just a few weeks. He started to stalk us...We used to stay out the house and away from him for as long as possible, then when we'd come in we'd lock the gate, pull the curtains across, lock all the doors, put the alarm on, and then go upstairs out of the way. We'd just live upstairs and then try and get out when we could.

Emma: So when did that actually end?

Isobel: When he attacked me again and he got remanded in custody.

Isobel and her children had remained concerned about their safety, just at the time when they wished to begin moving forward. Under these circumstances, it was impossible for Isobel to begin to help her children to recover. Rather, the family continued to face levels of stress comparable to those experienced during the domestic violence.

Another mother, Ellie, was left fearing for her and her daughter's lives for the first two years after separating from the perpetrator/father, as she waited for him to be sent to prison:

When we were staying at the refuge, he'd served so long and his trial hadn't come up, so he was given bail, and we had to carry round rape alarms with us in case he attacked us. [My daughter] Shannon had to carry one to school in case he turned up. [...By the time] we moved here [current home] I wasn't very well [poor mental health] and I didn't like going outside. (Ellie, mother)

Ellie continued to care for her daughter during this frightening period, but, as with Kimberley and many other mothers in the sample, the strain of living under continual threat from the perpetrator/father further undermined her mental health, leaving her unable to begin strengthening her relationship with her child.

In other families, perpetrators/fathers were never charged with any crimes (despite some mothers reporting them), and were left entirely free to continue harassing or attacking the family. The continuing impact that this caused for children was described by Vince:

He used to bring some other men and try and break into the house, and me and my brothers feared for our lives because he used to smack on the doors, and I used to hide. (Vince, 13)

This on-going violence continued to traumatise Vince, his brothers and his mother. As we will see later in this chapter, in families across the study, it was only when this violence and threat had substantially diminished that mothers and children could start the challenging work of recovering, and of strengthening or transforming their relationships with one another.

Children's contact with perpetrators/fathers

Another significant obstacle to recovery and enhanced mother-child supportiveness was children having post-separation contact with perpetrators/fathers. Approximately half the studied children of the 15 mothers in the sample had post-separation contact with perpetrators/fathers (11 children of 8 mothers), while 10 children of the remaining 7 mothers did not. For 7 out of the 11 children who had contact, this contact had not been sustained and was no longer occurring at the time of interview. The remaining 4 children who had contact – Leah, Jack (not interviewed), Angel and Zoe – were still having contact with the perpetrator/father at the time when they or their mother participated in this research.

Jack's case was unusual within the study, as the data collected with his mother Sybil suggested that this contact was not having a negative impact on his recovery. Sybil believed that this was because the perpetrator/father's behaviour towards Jack had improved and was now less abusive. However, this was unusual and may have been linked to the fact that this family was not typical. It was one of only 2 families in the study where the domestic violence against the mother had never been physical (see chapter 6).

In the other families, contact was having a detrimental impact on all three sides of the triangle of recovery. Leah (11) and her mother Marie, along with Marie's other children (not considered within this study), were at an early

stage of their recovery phase, having separated from the perpetrator/father only a few months before Marie and Leah were interviewed. Leah's interview suggested that she had not yet reached a stage where she could determine whether her father's parenting was healthy or abusive. She was clear that she wanted to continue seeing her father:

I did want a change, like moving house, but I wanted it with my dad as well. I still like to see my dad. (Leah, 11)

Leah was aware that the separation had been good for Marie, and that her parents' relationship had not been healthy, as she mentioned that her father would not let her mother see her friends or go out. However, Leah's wider thoughts about her parents were in a state of confusion. This confusion was partly being fuelled by the perpetrator/father speaking negatively about her mother during contact visits:

I don't know who to believe because Mum thinks she's right and Dad thinks he's right. So when I go to my dad's he says stuff and I know stuff because my mum's told me things, and then when I come back my mum says that he's been telling lies and I don't know. (Leah, 11)

Marie also described how, pre-separation, the perpetrator/father had encouraged their children to have no respect for her. This lack of respect was one of the major issues that she was facing in her current relationship with the children. Marie noted how the perpetrator/father had been a generally abusive parent, and that his negative impact on the family was on-going:

He's still really putting them through it emotionally. He told them that if we moved here they'd get shot and stabbed because that's what happens

in our area, things like that, so he's really still hurting them emotionally...When they come back [from contact visits], they're awful. Their behaviour's really bad, and normally I'm getting verbally attacked by my son who's having a go at me. (Marie, mother)

For Marie and her children, there was little respite from this cycle as the children were having court-ordered contact with the perpetrator/father on a twice-weekly basis.

Marie explained how this frequency of contact had a harmful effect on her mental health and on her relationship with her children:

Contact is awful. I hate it. A few hours before it I get really stressed and panicky, and don't want to have to go to where I know he is...When they come home, I have to spend the next two hour unpicking all the rubbish he's just put in their heads (sighs) and try to carry on to a normal level again. (Marie, mother)

Other mothers gave similar statements about the anxieties provoked by contact and its fraught aftermath for mother-child relationships. Violet and Lauren, mothers of Angel and Zoe respectively, discussed how their children were left distressed or angry through the experience of contact in ways that undermined their mother-child relationships:

He'd say he was coming to see the kids and then not turn up, so I used to get the backlash from them. (Violet, mother)

It's really hard for Zoe because she loves him because he's her dad...Zoe's always kept her feelings about him bottled up, and then every now and then she'd have a meltdown and I'm the one who gets it in the

neck. But that's okay because it's part of my job as a mum. (Lauren, mother)

These quotes suggest that, rather than recovering, mother-child relationships may continue to be strained and conflictual as a result of emotional distress caused by contact.

In circumstances of continuing contact, it was difficult for mothers and children to build and sustain their recoveries. This was especially the case where perpetrators/fathers had moved in and out of the family's lives post-separation, each time disrupting both mothers' and children's recovery processes. This was described by two mothers whose children were no longer having contact with their father:

Working up to the court-case was bad, and then that was over and I thought 'right this is it now'. And then he got out of prison, and then it was the injunction so that dragged us back a bit more. And then we were fine, and then he applied for contact and we were dragged back down again, and then that's come out okay [he was denied contact]. So we were always just alright, but these things keep dragging us down and then we'd bounce back up again. (Isobel, mother)

The first couple of years were hard – the children had to adjust – and then when he came back into their lives everything blew up again...We'd have good days, and then he'd come in and everything would blow up and I'd have to rebuild everything regarding the kids behaviour...It wasn't until things died down with him that I was able to sort the kids out. Now he's not in their lives, they're on a more even level. (Bella, mother)

The continued presence of the perpetrator/father in mothers' and children's lives was therefore disruptive. Each new intrusion set back the progress that the family had been making.

In-line with the findings of previous research (see chapter 4), another obstacle caused by contact was that it gave perpetrators/fathers the opportunity to continue to undermine mother-child relationships by saying negative things to their children about the children's mothers. This tactic was used by many perpetrators/fathers to create strains in mother-child relationships during the domestic violence (see chapter 6), and it often continued after separation. For example, Isobel discussed how the perpetrator/father had told her son that everything would be alright, and he would become the perfect father, if only Isobel would give their marriage another chance:

He was saying he was going to take Bob for fun days out, that we were going to go on holidays, [and saying]: 'everything's going to fine now Bob, it's just your mum stopping us from being a family.' (Isobel, mother)

Children often continued to be confused and distressed by these statements, preventing their relationships with their mothers from beginning to heal.

In other families, the perpetrator/father's behaviour created new tensions in the mother-child relationship. This was particularly the case when the children were younger and more easily influenced. One example is Carly, whose mother Ria described the perpetrator/father's actions in manipulating her daughter during contact visits:

He would tell Carly: 'mummy doesn't love me anymore and she kicked me out', and things like that, so he filled her head with all these lies. He's always playing the victim kind of thing and that's what's been drilled into her. (Ria, mother)

Ria explained that, between about age 3-7, Carly had blamed her for not having contact with her father:

Carly used to have it that it was me; [that] I was stopping her dad from seeing her, because that's what he'd drilled into her when she was little.
(Ria, mother)

Ria's perceived refusal to let Carly see her father had been a source of arguments between them long after they had been away from the domestic violence. It was one of the reasons why their relationship was still strained at the time of interview, four years since Ria had separated from the perpetrator/father. As we saw in chapter 6, Ria and Carly had experienced a strained relationship during the domestic violence, and this may have made Carly more susceptible to believing negative things about her mother.

The findings discussed above contribute to the body of research on post-separation violence/harassment and children's contact with perpetrators/fathers (Fleury *et al.* 2000; Bancroft and Silverman 2002; Humphreys and Thiara 2003b; Eriksson *et al.* 2005; Radford and Hester 2006; Beeble *et al.* 2007; Harrison 2008; Harne 2011; Thiara and Gill 2011; Elizabeth *et al.* 2012; Radford 2013; Watson and Ancis 2013). In particular, they highlight the negative impacts that these obstacles to recovery often had on the mother-child relationships in this study. Mothers and children experiencing these issues were still living with distress and fear, sometimes in situations little better than those they faced before separating from perpetrators/fathers.

In relation to the triangle of recovery, we have seen that the impact on mothers' mental health meant that they were generally not able to begin addressing strains in their relationships with their children. Furthermore, children who were fearful and upset were also unlikely to be able to develop more

constructive interactional patterns with their mothers. Therefore, there was often a continuation of feelings of anger or guilt, or habits of not talking about their feelings, into mothers and children's post-separation lives. However, as we will see in the next section, once these obstacles to recovery had ceased or reduced (on average, 1-2 years after separating from perpetrators/fathers), significant improvements usually began to occur.

Beginning to recover

The majority of mother-child relationships in this study did ultimately improve after separation from perpetrators/fathers. In some families, these improvements were relatively minor. This was either because the mother-child relationships had always been close and supportive, or because the relationships were so distant and strained that recovery was difficult. In other families, improvements were more significant. Over time, some distant and strained mother-child relationships were transformed into close and supportive ones. As we will go on to explore, recovery often also brought enhanced capacities for mothers and children to support one another in constructive ways. Analysing the data suggested that there were several factors producing these positive changes:

- An end to, or reduction in, post-separation violence and/or harassment from perpetrators/fathers
- An increased feeling of personal security, for example by having somewhere safe to live
- An end to contact between children and perpetrators/fathers, and the distress that this caused
- Mothers supporting children's contact wishes

- Mothers and children receiving support to begin dealing with feelings and communicating with each other
- Children's increased understanding of the domestic violence
- Mothers feeling more confident as parents

Each of these factors will now be explored in turn.

Being in a practical position to recover

There was a trend across participants' accounts for them to report that significant progress had been made in their recoveries once several practical conditions were in place. These included:

- (a) An end to, or reduction in, post-separation violence and/or harassment from perpetrators/fathers;
- (b) An increased feeling of personal security, for example by having somewhere safe to live; and
- (c) An end to contact between children and perpetrators/fathers and the distress that this caused (see above).

Having these basic elements in place allowed families to redirect energies away from trying to survive (a situation little better than what they had faced during the domestic violence), and towards recovery. Often, mothers' mental health improved significantly once these basic elements necessary for recovery were in place. This meant that, in many cases for the first time, mothers and children had the emotional capacity to address some of the more difficult issues that had built up in their relationships with each other.

Mothers and children tended not to directly discuss links between increased stability in their lives and improvements in their relationships with

each other. As Ellie's quote (below) suggests, this may have been because the links between increased stability and improved relationships were not usually visible to them. However, families' accounts did often suggest that their relationships had improved soon after they were free from on-going harassment or were feeling more secure and settled:

She was 6 when we left and she's 10 now. It's taken 4 years. We stayed with my sister, we stayed in a maisonette, a hotel, a safe house, we stayed in lots of different places. We moved to the women's refuge, and then a year ago we moved in here [current home]. So since she's been 6, her life's been up and down, up and down. She's had no normality except for this last 12 months. Well, even then she wouldn't go outside to play. And it's only probably in these last 5-6 months that she's started to venture out and do more things. And I've sort of made a couple of really good friends that we can go and visit; she's become friends with their kids. So it's really only in about the last 6 months that we've started to gain some sort of normality, I suppose. God...I never thought about it like that actually. (Ellie, mother)

He used to come round and bang on the door, and be abusive on the telephone. I had to stop him from coming round to the house...Since he hasn't been around, it's been better. I sat down with my daughter and said: 'something's happened that was wrong, what he did was wrong'. She still doesn't say much, but our communication is better than it was before. (Kimberley, mother)

Children also spoke with great positivity about their new homes and things that made them feel safer:

It's just better and the best. I mean, this may not be a mansion but I like it, I love it here, it's nice and cosy. (Shannon, 10)

I knew it was safer because we had all builders coming in and stuff and we have, like, a fire-proof letter box and stuff, so it's cool. (Bob, 12)

In different ways (and seemingly quite gendered ways in these testimonies – 'cosiness' and 'cool technologies'), these children discussed the emotional benefits of living somewhere where they felt safe. These safe-feeling homes were therefore environments that were conducive to recovering from trauma.

Children no longer having contact with the perpetrator/father

Many participants' accounts suggested that ending contact with perpetrators/fathers contributed to an improvement in children's relationships with their mothers and increased emotional supportiveness between them. This was especially the case when it was combined with children having counselling that helped them to become aware, if they were not already, of their fathers' emotional abusiveness and manipulative tendencies:

After we left, the kids were confused. Obviously they loved their dad, but they didn't like him...Bob went through a stage where he put his dad on a pedestal, and he had memory blocks and he wanted to go and see him...but then when he'd had his counselling and realised what was going on, he doesn't want anything to do with him...Now me and the kids sort of pick up if anybody's upset or anything, and, you know, ask them if they're okay and stuff, and they'll say: 'are you alright Mum?'...Bob's always been caring to an extent, but I think he's become more so. (Isobel, mother)

I used to say sometimes, years ago, that I wanted to go and live with my dad...I stopped seeing him a couple of years ago...I'm a lot closer to my mum now... I've spoken to two counsellors. One gave me these exercises to help me see what Dad was doing, and how people around me were trying to help me. That helped my confidence; it helped me to realise that I could talk to people. (Grace, 14)

It is notable that both Bob and Grace had experienced inconsistent (rather than predominantly hostile) relationships with their fathers during the domestic violence (see chapter 6). Bob and Grace had been encouraged by their fathers to want their attention, although their parenting was emotionally abusive.

These quotes suggest that counselling was particularly beneficial for some of the children in the study who had experienced this type of relationship with perpetrators/fathers. It helped them to realise that their fathers were abusive people, and to understand that their father-child relationships were sources of distress. Once children had gained this awareness, they often made the decision to end contact with their fathers. As mentioned in the previous section, by the time of interview, 7 out of the 11 children who had been having post-separation contact were no longer doing so. Sometimes this was because perpetrators/fathers had lost interest in maintaining contact; alternatively, it was because children had changed their minds about wanting to see them. For most of the children, no longer seeing perpetrators/fathers had removed a source of considerable distress from their lives, improving side (b) of the triangle of recovery. This created room for stronger mother-child relationships (side c), particularly where mothers were also recovering and in a good position to engage with their children (side a).

The families of two children who were still in contact with their father at the time of interview described the difficulties that this was creating. In both

families, these children (Angel and Zoe, both 12) had been less than 4-years-old at the time of leaving, and had been having post-separation contact with their fathers for approximately 10 years. This contact had been distressing for them throughout their childhoods, because of their father's emotionally abusive parenting. As Zoe's sister Grace described:

When we used to go and see him, he'd say: 'oh your mum makes me cry; your mum makes me do this stuff; I can't see you because of your mum'. He'd just paint such a bad picture of her. He blamed her and us for everything. (Grace, 14)

Both girls were now at the point where they were seriously contemplating no longer seeing their father.

However, this post-separation contact had not been a total impediment to these children rebuilding and strengthening their relationships with their mothers, as these children's relationships with their mothers had significantly improved by the time of interview. One of the reasons for this was the professional supports that they had received. As we will see below, these supports had helped them to understand and express their feelings in constructive ways, and to communicate with their mothers more often. Although the distress that these children had suffered could never be undone, the experiences of these families do suggest that mother-child relationships may grow closer while children are still in contact with perpetrators/fathers, providing that enough of the other positive factors discussed in this section are in place.

Mothers supporting children's contact wishes

All of the mothers in the sample described wishing to do whatever was best for their children regarding contact with perpetrators/fathers. This could take

several forms, depending on the circumstances and on mothers' perceptions. Some mothers actively helped children to see their father. Others expressed support for their children's contact wishes. Some, conversely, felt contact would be harmful and decided to protect their children by preventing it from happening (a course of action which, at least in the short-term, could create greater strains between children and mothers).

Children such as Zoe and Grace both emphasised how they valued their mother's supportive stance towards contact:

If I'm ever worried about something and I want to ring my dad, even in the middle of the night, mum will let me. So, even though she doesn't like him and she does say stuff about him sometimes, she's supportive and still encourages us to see him...Mum's amazing because she looks after us and still lets us see our dad. (Zoe, 12)

[Positive tone of voice] Mum's always told me it's my choice whether or not I want to see my dad. (Grace, 14)

Lauren's supportive attitude to contact appeared to be one of the reasons why the mother-child relationships in this family had grown closer while the children were still seeing their father. It may have meant that the children felt little conflict between the two relationships. Grace's experience of her mothers' supportive attitude may also have helped her to reject the 'bad picture' of her mother painted by her father (see above).

In other families where children were no longer having contact with the perpetrator/father, it was helpful when mothers expressed understanding about their children's feelings for their fathers:

I've told them that he'll always be their dad, and it's okay for them to love him (Isobel, mother).

Analysis of the interview data suggested that providing this kind of reassurance often helped children to feel able to make their own decisions about seeing their father again in the future, and this freedom to choose made them feel more positive towards their mothers.

Support to begin dealing with feelings and communicating

As we saw in chapter 6, while living with the domestic violence, mothers and children usually developed mixed feelings towards one another. These often included negative feelings such as anger, guilt and frustration. Mothers and children in these circumstances also often found it difficult to communicate with one another about their feelings, and developed patterns of non-communication.

These tensions and strains in mother-child relationships were not resolved by separating from perpetrators/fathers. Because they continued into mothers' and children's post-separation lives, beginning to recover involved starting to deal with these feelings, and communicating more with one another. One mother, Ellie, powerfully analysed how difficult this aspect of recovery is, and how families often need help to accomplish it:

You need to be able to say what you want to say, but in the right kind of way to each other. If the child is angry they've got to be able to say: 'Look Mum; I'm really angry: You've done this, this, and this', and the thing is, the truth really hurts doesn't it? Getting to that point is bloody difficult, and you need a lot of help...I've seen women and children that have had no support, and then the woman is still taken up by all of the crap from him, and you don't have the energy to put into your child and

your child is fully aware of that. So they're just going to shut up, because nobody's listening to them anyway, and become really withdrawn. (Ellie, mother)

In this context of emotional risks, support could mean the difference between beginning to recover or staying trapped within strained and distant relationships. Several families in the study had received this support (although several had not – see chapter 9). In particular, some children had been helped to deal with their feelings around the domestic violence and their accompanying behavioural issues; most commonly being angry and aggressive or withdrawn. Receiving assistance to manage these issues had helped to reduce arguments between mothers and children, and had often contributed to a positive increase in their general communication.

The most common sources of support within this study were Ontario-based programmes for mothers and children with experiences of domestic violence, where groups are held for women and children to strengthen their relationships as part of their wider recoveries. Several of the mothers and children in the study had attended these programmes (run by organisations including the NSPCC and Women's Aid), and spoke in their interviews about their positive effects. Others had also found alternative sources of formal and informal support:

The way they [the NSPCC programme] worked with Shannon, she was able to express all of her feelings and her anger in different ways...They had one day where they could just do whatever they wanted with paints to express how they felt about the [perpetrator] and about life, and she just sort of spattered all these different colours but mainly red on this big wall, and she loved doing that. (Ellie, mother)

The kids saw a Women's Aid worker; she went into their school and worked with them on ways of dealing with their emotions and the kind of flare-ups they were having...They've really calmed down now. We still argue, but they're like different kids compared to how it was. (Bella, mother)

Our communication is better than it was before; her confidence has built up much, much better because she goes to counselling and the [Women's Aid programme...] they kind of helped her get her emotions out, what she was bottling up inside. (Kimberley, mother)

These formal supports therefore gave children the opportunity to express feelings that had built up over a number of years in a safe and supportive environment. This in turn had led to improvements in these children's relationships with their mothers.

Many mothers and children also received support to help them understand the past and feel more confident discussing it together without upsetting each other, thereby equipping mothers and children to support and assist one another's recoveries:

The NSPCC programme helped, because, you know, you wanna say things to the kids and the kids wanna say things to you but you don't want to like upset them and set it all off again. So it was sort of like a big black ball that's sort of there, but going to the NSPCC programme has helped us come to terms with it. (Isobel, mother)

We were always close – it's never been a case of, you know, not being – but doing the [Women's Aid] programme opened up communication on what happened; it helped her to understand more. I think it sort of

consolidated everything that's gone on, and helped us to understand it.
(Lucy, mother)

Overall, then, receiving these supports had multiple benefits for the mothers and children in this study. They enabled them to begin communicating constructively, moving forward from harmful, negative feelings and developing new, more positive and supportive interactional patterns.

At the same time, Ellie's quote also draws attention to how hard it can be for mothers to listen to their children's feelings of anger towards them. Ellie believed that this is because mothers often have strong feelings of guilt over what their children have experienced. Hearing their children's feelings may therefore be too much to bear, and may lead to mothers avoiding the open communication with their children that may be necessary to move their relationship forward:

My daughter and I are far more open with each other, and I think that's got a lot to do with the fact that we went to a post-abuse therapeutic course with the NSPCC which was absolutely fantastic...I'm able to be more comfortable now and not have, I do still feel guilty and know that I shouldn't, but I do, but nothing in comparison to how it crippled me before. So I'm able to answer painful questions that she puts to me about the past, because I have to, I need to. It's not easy, but I think that if you can get that honesty with each other then it does bring you closer together. (Ellie, mother)

Mothers getting help to reduce their feelings of guilt was therefore also important within this study (see also the discussion of John and Eloise's relationship in chapter 9). It could lead to mothers feeling ready to support their

children to understand the past. This, in turn, could help them to remove leftover tensions from their relationships and bring them closer to their children.

Increasing children's understandings of the domestic violence

Several participants discussed how children gaining a better understanding of their experiences had helped to ease tensions in their mother-child relationships and promote the family's recovery:

I think the NSPCC programme did Bob the world of good...It sort of gave him an understanding so we could talk about things, like a common a sort of bond...It sort of helped me as well, because I knew that he got why things had happened...We're at a stage now where the children understand what's happened, and it's not their fault or mine. (Isobel, mother)

Shannon used to say to me: 'It's your fault, why did you have him back?' but now she knows that's it's not my fault, and that's because of the education thing that she's been through with the NSPCC helping her to understand. (Ellie, mother)

Carly's didn't understand why she couldn't see her dad, and it was really difficult because I didn't want to say anything bad about him to her...Recently my sister explained to her: 'Your daddy hurt mummy, and it upset you'. Hearing it from somebody else was quite upsetting for Carly at the time, but it's eventually got there. I think now is definitely the time to start talking to her about it more. (Ria, mother)

These accounts suggest that, like mothers themselves, children were affected by perpetrators/fathers' denial of responsibility for their actions and their tendency to blame those around them for their behaviour. The children in this study therefore also needed support to overcome this denial and misplaced blame, and to move forward from holding themselves and their mothers responsible. Receiving this support reduced underlying feelings of anger that some children had developed towards their mothers, and made it easier for children and mothers to further strengthen their relationships with each other.

Conversely, in one of the families where the mother-child relationship was still strained at the time of interview and had not improved in the 6 years since they had separated from the perpetrator/father, the mother suggested that her children still did not have an understanding of the domestic violence:

Sometimes I feel my kids don't understand the way their dad's been to me. (Charlie, mother)

This was a family where the mother and children had not received support to recover from their experiences, although they had just begun to access such support at the time of interview. This family's experience further suggests that children getting post-separation support to understand the domestic violence both contributes to children's individual recoveries and plays an important role in strengthening their relationships with their mothers.

Mothers feeling more confident as parents

After years of abuse, many of the mothers in the sample had begun their recovery phases with little confidence in their ability to parent their children. (This was not the case in all families. Ruby and Alison, the two mothers who had experienced slightly less severe domestic violence, remained largely confident as

parents throughout.) Improvements in parenting occurred in multiple ways during the recovery phase. These included – engaging with formal support, being more advanced in their own recoveries, and being more confident in general in ways that had positive effects on their parenting:

[I think my relationships with the kids has improved because] I've just mellowed out because I'm not stuck in a situation where I'm stressed and upset and constantly concerned. I've probably just chilled, I've just learnt to just chill out and not worry so much, and everything's just calmed down. (Lucy, mother)

I've definitely grown as a person; I've come out of my shell. Now I'm more open and more able to have a laugh with the kids. (Bella, mother)

Many of the mothers in the sample discussed how their increased confidence as parents had improved their relationships with their children and enhanced their ability to give their children support:

I did the Triple P parenting course: I thought I was a bad mother, but that worked out that I wasn't (laughs); it was him saying that I was. But now I've got like a toolkit, so if anything does arise I can put it into place, like talking to the kids and stuff, all that. Like you have to look at them when you're talking, and I've heard somewhere that teenagers just need a hug so I keep trying to get Tom [teenage child] up in a corner and give him a cuddle which doesn't always go to plan! (Isobel, mother)

A lot of women, they're 'on the go' all the time, they don't want to sit down, because then they'll think about all the abuse and stuff, so they'll keep themselves busy. But now I'm patient, and I will stop in my tracks

and I will sit down and I'll make sure that I am listening and hearing what [my daughter's] saying to me and I'll talk back to her, you know, communicate. (Ellie, mother)

Mothers gaining more confidence as parents was therefore another important factor which helped participants to recover from their experiences of domestic violence. Greater parenting confidence gave mothers the ability to increase the positive elements of their parenting relationships, for example by laughing more with their children. It also enabled mothers to decrease negative elements, for example by staying 'chilled out' when problems arose. Finally, increased confidence helped mothers to meet their children's emotional needs, for instance by having the courage to stop being busy and to engage with their children, or to show their teenagers affection even when they appeared not to want it.

Conclusion

In this chapter, we have explored the factors that impeded and assisted the recoveries of the mother-child relationships in this study. A general prerequisite to recovery was being safe and free from on-going abuse and distress. Once these conditions were in place, recoveries were advanced by mothers and children being supported to deal with problems that had built up during the domestic violence. These included primarily individual issues, such as poor mental health, and problems in their mother-child relationships, such as strong feelings of anger and guilt or a tendency not to share feelings.

Overall, the results presented in this chapter suggest that the recovery of the mother-child relationships in this study occurred bilaterally, through the input of both mothers and children (Kuczynski *et al.* 1999; Kuczynski 2003; Kuczynski and De Mol 2015; Katz 2015). Although mothers' parenting was an important element of this process, it was also important that children were able

to engage positively with their mothers. Recovery was achieved as children gained more understanding of the domestic violence and their fathers' abusiveness, and mothers became increasingly confident as parents. Yet it also occurred as mothers and children learned to communicate with each other and share their feelings with greater openness.

These findings suggested the usefulness of conceptualising recovery as a triangular process with three interlinked sides: that of (a) mothers as individuals and (b) children as individuals, and also (c) that of the relationship between mothers and children. When any of (a), (b) or (c) occurred, it tended to have a positive effect on the other two areas of recovery. Hence, when mothers began to recover, this helped the children and the mother-child relationship to recover. Children's recoveries had similar effects on mothers and mother-child relationships. Better mother-child relationships could also help both the mothers and children to recover as individuals. Likewise, mother-child relationships in this study could also recover as a consequence of mothers' and children's individual recoveries.

The experiences of these families suggest that, rather than addressing one or two sides of the triangle, supports should aim to address all three sides. Individual recoveries were beneficial to the recovery of relationships; yet there was little evidence from this study that providing separate supports to mothers and children is enough to fully rebuild mother-child relationships. Several mothers and children in the sample emphasised how helpful it had been when they had received relationship-focused supports.

The provision of relationship-focused supports was not common practice in the Midlands region of the UK during the period that interviews were conducted for this Ph.D. (2011-2012) (see Humphreys *et al.* 2011). Some of the families in the study had not received supports to rebuild their mother-child relationships because these supports were not available in their relatively rural areas. Some mothers also commented with regret that the supports that they

had received to rebuild their mother-child relationships (through Ontario-based programmes) were no longer being provided in their areas due to funding cuts.

The next chapter will explore more fully the contributions that both mothers and children made to each other's recoveries. It will examine the ways in which mothers and children supported one another, both to recover from domestic violence and at more general, everyday levels.

Chapter 8: Ways that mothers and children supported each other's recoveries

Introduction

This chapter will outline how mothers and children acted to support one another at the point where their relationships tended to become most supportive: when they were no longer living with perpetrators/fathers, were not experiencing major obstacles to recovery, and had been able to engage, when necessary, with professional help to strengthen their mother-child relationships. These ways of supporting, used by mothers and children to promote one another's well-being and recoveries and to minimise the harms caused by the domestic violence, were identified at the data analysis stage of this study through mothers' and children's direct statements and accompanying tones of voice, expressions and body language.

There were two categories of support. Category A comprised supports directed towards recovery from the domestic violence:

1. Reassurance about the past, present and future
2. Mothers helping children to understand the domestic violence
3. Mood-lifting and helping to overcome emotional and behavioural impacts
4. Rebuilding each other's confidence
5. Communicating about general things and feelings
6. Children indirectly supporting their mothers' recoveries

Category B included general supports not directly related to the domestic violence:

1. Showing affection and spending time together
2. Supporting each other through upsets or tiredness
3. Being attentive to each other's feelings
4. 'Being there'
5. Children's general indirect support
6. Children's practical support for mothers

The two categories were linked. For example, the positive experience of general support by a child (who, say, noticed that their mother was tired and made her a cup of tea) could contribute indirectly to a mother's recovery process because the mother experienced being treated in a positive way. Similarly, increased recovery from the domestic violence could strengthen mothers' and children's abilities to support each other on a general level.

However, it is important to note here that not all mothers and children were supporting one another to the same extent. While some were providing almost all of the forms of support outlined above, others were providing only a few. The contexts and impacts of this support were also variable. The following chapter will explore these variations in greater detail.

This in-depth focus on mother-child supportiveness offers new insights into post-separation lives and recoveries. Little is known about the active roles that mothers and children may play in each other's recoveries. As Radford *et al.* state in relation to children's recoveries from domestic violence:

'The informal sector, family and friends play an important *and under-researched* role in supporting children and young people...mothers and

others close to the child, including friends, are often the first people [children] want to turn to.' (2011:106, my emphasis)

The data presented in chapters 8-10 will suggest that both child-to-mother and mother-to-child supports can play pivotal roles in promoting mothers' and children's recoveries.

A. Mother-child supports directed towards recovery from the domestic violence

Reassurance about the past, present and future

This form of support was identified by Haight *et al.* (2007) through their interviews with 17 mothers (see chapter 4). However, in the current study, reassurance was given by mothers *and* children. Reassurance about the future seemed to be aimed at reducing distress and encouraging each other to think more optimistically:

Whenever I'm upset, [Mum will] give me a cuddle and tell me things are going to be alright. It's helped me get through things. (Grace, 14)

The most helpful things [Shannon has] said to me is that she loves me and not to worry about the future. (Ellie, mother)

Reassurance about the past, by contrast, involved dealing with feelings of confusion and self-blame, and confirming that the domestic violence was not the mother's or child's fault. When children were asked: 'what are the most helpful things that your mum has said to you?', several emphasised their mother telling them that the violence had not been their fault:

A long time ago, I used to think that my parents' divorce was my fault; my mum told me it wasn't. (Grace, 14)

Emma: What do you think are the most helpful things your mum has said to you?

Bob: That it's not my fault.

These reassurances appeared to have greatly helped some children, removing a source of confusion and worry. Some children also reported reassuring their mother that she should not feel guilty about the past:

Sometimes she'd say she felt like a bad mum because she moved us away from our dad, and I'd tell her she shouldn't feel guilty. (Grace, 14)

For children, this was an advanced form of support, requiring them to understand that their mother was experiencing such thoughts, and how to respond in a beneficial way. It appeared to be effective, providing mothers with validation and relief. One mother, Violet, cried during her interview when she described an occasion when her children had told her that the domestic violence was not her fault. This suggests that, as a mother, Violet expected her children to have their own opinions about the domestic violence, and attached great importance to what they thought. In-line with the bilateral model (Kuczynski *et al.* 1999; Kuczynski 2003; Kuczynski and De Mol 2015; Katz 2015), these mothers and children saw one another as agentic and were influenced by each other's opinions. Overall, reassurance about the past was a practice that was vital to these mothers and children, illustrating the significance of the recovery-work that occurred through their mother-child relationships.

Reassurances about the present, mainly provided by mothers, often focused on promoting a feeling of safety in the post-separation phase. After leaving perpetrators/fathers, many children in the sample experienced fears over their own and their mothers' safety. For several, this entailed the obsessive checking of doors and windows, and reluctance to sleep alone or let their mother out of sight. In cases where mothers and children were living in relative safety, reassuring children that these behaviours were unnecessary was relatively easy for mothers.

However, in the face of on-going harassment and/or violence from perpetrators/fathers, mothers faced a difficult task. One mother, Ruby, had been raped by her ex-partner after separating from him. Her children became aware of this through police visits to their home. Ruby described how she had felt that this event risked undermining her children's sense of safety, and had therefore attempted to frame it for them in a way that reassured them:

I told them: 'the worst thing has happened; I'm still here, you're still here, and we're going to get through this. It's not killed me, we're still here and it's not going to happen again'. (Ruby, mother)

Ruby believed that this strong reassurance had been largely successful in helping her children to continue moving forward with their recoveries.

Helping children to understand the domestic violence

In a minority of families in the study, mothers had reasons for *not* helping their children to understand the domestic violence. An example is Alison, whose children, under 5-years-old at the time they left, had witnessed little physical violence, were well-adjusted and happy, and had no contact with the perpetrator/father. Alison believed that it would only be harmful to talk to them

about what had occurred earlier in their childhoods (although she intended to inform them once they became adults).

In other families, however, mothers reassured their children that the domestic violence was not their fault, and helped with their understandings in other ways, complimenting and enhancing the work of professionals. For example, Isobel discussed how an NSPCC course had helped her son Bob to see that the perpetrator/father had been responsible for his own actions. However, Isobel described how she had reinforced this message to Bob and her other children:

I think one of the most helpful things I've said is that it's not their fault and it's not my fault either. Their dad chose to do what he did, and it didn't matter what we said or did; it wouldn't have changed him, he'd have carried on doing it. And the best thing for us was to stay away and to keep him away, basically. And that it wasn't us that sent him to prison – it was a judge – and, um, that he'll always be their dad, and it's okay for them to love him. (Isobel, mother)

These messages demonstrate Isobel's awareness of her children's concerns. Bob's statement that Isobel had helped him by telling him that the domestic violence was not his fault (see above) confirmed the effectiveness of this support.

Another mother, Ellie, described a similar situation. Initially, a specialist service had helped her daughter Shannon to overcome the belief that Ellie was to blame:

A lot of the time, Shannon would say to me: 'It's your fault, why did you have him back? Why'd you have him back? It's your fault', but now she knows that's it's not my fault, and that's because of the education thing

that she's been through with the NSPCC helping her to understand why people do depend and stay in horrible relationships. (Ellie, mother)

After this breakthrough, however, Ellie had continued to support Shannon to further understand the domestic violence by answering Shannon's on-going questions:

Now I'm able to answer painful questions that she puts to me, because I have to, I need to. It's not easy, but I think that if you can get that honesty with each other, between mums and their kids, then it does bring them closer together. (Ellie, mother)

This dialogue highlights the on-going bilateral support between Ellie and Shannon. By initiating conversations with Ellie about the past, Shannon was active in building her own understanding and recovery. By supporting Shannon, Ellie was aware that their relationship was improving. Supporting the other person brought benefits to both, creating a steady upward spiral of support.

Finally, another mother, Ria, had asked her sister to help improve her daughter Carly's understanding of the domestic violence. In this family, the mother-daughter relationship was too damaged for Carly to listen to Ria. However, Ria was aware that, for their relationship to improve, Carly needed to gain a better understanding of the domestic violence. Ria believed that this strategy had been successful:

She used to have it that it was me – I was stopping her dad from seeing her, because he would tell her: 'Mummy doesn't love me anymore and she kicked me out', whereas I – I've never said anything bad about him...It was my sister who explained: 'your daddy hurt Mummy, and it upset you, and maybe when you reach 16 if you want to see your dad,

I'm sure your mum will support you in that'. It think that hearing that it was Dad's fault from another person was initially upsetting for Carly, but it was helpful. Now she's beginning to understand why she can't see him. (Ria, mother)

Some children demonstrated agency in deciding what to know about the past. One of Lauren's daughters, Zoe, had actively decided *not* to know more. Zoe was still having contact with the perpetrator/father when interviewed. Having been young at the time of leaving, she had few memories of what had occurred. Zoe explained that she preferred not to have complete knowledge about her father's behaviour. Otherwise, she believed, she would not want to see him again. She was therefore grateful to Lauren for not deepening her understanding of the domestic violence:

[What are the most helpful things Mum's said?]: (Pause) I think it's more about what she hasn't said, because if I knew everything Dad had done I wouldn't want to see him anymore. (Zoe, 12)

In Zoe's view, therefore, her mother's non-disclosure was a supportive act.

Some children had independently determined that the perpetrator/father was a negative presence in their lives – and, though they had not done so to support their mothers, several mothers in the sample discussed how helpful this had been:

[Positive tone] Grace knows that her dad's an idiot, but she learnt it for herself. It wasn't something she learnt from me. (Lauren, mother)

The boys have judged it for themselves in not wanting him in their lives anymore; they know the stress he's given us all. They know why he can't

be in their lives, so it's easier for me because I don't need to explain it to them. (Akeela, mother)

These judgements seemed to be powerful because mothers valued their children's independent perspectives on the domestic violence. By separately coming to similar conclusions about their father's behaviour, children were helping to validate and confirm their mother's own understandings.

Mood-lifting and helping to overcome emotional and behavioural impacts

The children and mothers in the study tended to approach the mood-lifting and emotional/behavioural aspect of support in different ways. Whereas children tended to lift their mother's mood in the short-term, mothers tended to give their children longer-term support to overcome the emotional and behavioural impacts of their experiences. As will be discussed in chapter 9, it was sometimes difficult for mothers and children to provide these supports. In the long-term, some mothers required additional supports to help to raise their mood-level and improve their mental health and well-being.

Nonetheless, mothers' interventions – helping their children to become calmer and express their feelings more constructively – may have significantly reduced the likelihood of their children experiencing emotional and behavioural problems in adulthood. Meanwhile, on a day-to-day level, children intervened by lifting their mother's mood.

Mood-lifting

Children used the strategy of mood-lifting when they believed that their mother was worried or upset. Sometimes this involved simply telling her not to experience things negatively. For example, Brock described how he advised Akeela:

'Ignore what people say; don't get upset.' (Brock, 12)

Roxie (11) also explained that she sometimes said 'I love you' when she felt Bella needed cheering up. Other children attempted to intervene by doing something positive for, or with, their mother.

Sons and daughters tended to have different approaches. Daughters tended to engage with their mother in shared activities, such as applying face masks and talking together:

I'd buy her creams to make her more relaxed, and face masks for me and my mum to do, and I think that used to help her a bit, but then she'd come back to the real world and she'd come back to worrying and stuff.
(Katie, 12)

When I think mum's worrying about the past now, I'll ask her if she's okay and make her cups of tea and sit with her and talk to her about everyday things, and it's just nice. (Grace, 14)

Sons' approaches tended to be more direct, giving encouragement in the manner of a sports coach or mentor, or giving a comedic performance. Vince (13) discussed giving Akeela 'pep talks' when she had been crying. Similarly Eloise, mother of 20-year-old John, explained how helpful it was when John made her laugh:

He's very supportive and he's funny; he makes me laugh, and that's a really good quality – do you know what I mean? He's made me a laugh a lot...Any bad news brings me down; it brings it all back to me...So he'll make me laugh; he'll put a smile back on my face. (Eloise, mother)

In taking these steps, which were much valued by their mothers, these children showed that they were attuned to their mother's emotions, and able to actively engage in attempts to change them.

Helping to overcome emotional/behavioural impacts

Many interviews revealed how mothers had supported their children to deal with emotional and behavioural impacts over a sustained time-period. Mothers used techniques to help their children address compulsions such as 'hoarding', withdrawal ('bottling things up'), and aggression. For example, 11-year-old Roxie discussed how Bella had helped her to feel less angry, while Bella herself reported how she encouraged her children to resolve problems in a calm manner. Bella's children had received specialist support from a Women's Aid outreach worker, who worked with them on how to express emotions constructively. Combined with Bella's support, this support appeared to have been effective. Bella reported that, although Roxie still occasionally had 'temper problems', she had become calmer since the domestic violence, 'like a different child'.

Meanwhile, several children's accounts also suggested their active agency in engaging with these supports. This was notable especially with Lauren and her daughter Grace (14). She and her sister Zoe (12) discussed how Lauren had encouraged them to disclose problems, to cry when upset, and not to 'bottle things up'. Grace explained that she had engaged with this advice but also actively modified it, writing down her feelings and showing them to her mother or maternal grandmother, enabling them to talk things through with her.

Children's agency in their own recoveries could be seen in other families. For example, Ruby's daughter Katie (12) had developed some compulsive 'hoarding' behaviours. However, she had followed Ruby suggestion to try to stop, aware that Ruby found her hoarding distressing. This supportiveness contained a

significant element of mutuality: Ruby helped Katie to move forward, and Katie did so to protect Ruby from distress. Both mother and child were attuned and responsive to each other's emotional needs.

Rebuilding each other's confidence

It is well-established within the fields of domestic violence research and practice that adult survivors may have reduced confidence; yet there has been little attention to how this may be rebuilt through mother-child relationships, and especially through children's agency within them. In this study, some mothers and children played vital confidence-building roles. Generally, mothers and children had similar desires and capacities to support each other's confidence, and used similar techniques to do so.

Mothers' primary techniques involved building their children's self-esteem and independence. Some mothers described how they had increased their children's confidence by stressing to them that they loved them, saying 'you're my world' or 'you're beautiful', and praising their achievements. Other mothers discussed how they had arranged and encouraged their children's involvement in confidence-building hobbies and activities.

Mothers explained that a major motivation was their own experiences of feeling undermined by perpetrators/fathers. Mothers saw increasing their children's confidence as a means of reducing their children's vulnerability to having abusive relationships of their own as adults. Elle described how:

I try to encourage Shannon and give her confidence to be how she wants to be, and I sort of tell her that what's important is how she thinks and feels inside, not what's on the outside, that's important, and she believes that as well which is really, really good...And I do stress the fact that she doesn't have to [have romantic relationships]. It's really important that

she gets happiness from herself and from her friends, and doesn't depend on one person for it. It's nice to care for other people, but you're just as important as they are. (Ellie, mother)

Twelve-year-old Bob discussed receiving similar advice from his mother Isobel:

The most helpful things she's said are: 'It doesn't matter what they say, as long as you think it's right'. And also: 'You're not always right.' That's important because you do have to get things wrong, because if you get everything right, and then you get one thing wrong, it can make you feel really bad about yourself. (Bob, 12)

Bob's description suggests that Isobel was building his confidence in two different ways. Firstly, like Ellie, she was encouraging him to have confidence in himself, rather than copying the behaviour and views of others. Secondly, she was helping him to become resilient to potential losses of confidence at difficult times in the future.

For Lucy, confidence-building had felt particularly important in the case of her daughter Zara. Unknown to Lucy before separation, Zara had been sexually abused by the perpetrator/father. After leaving (and now knowing that Zara had been sexually abused), Lucy had encouraged Zara to attend dance lessons. Her aim was to promote Zara's confidence in her body, and to minimise any long-term harm caused by the sexual abuse:

Zara does seven dance lessons a week, which may be a bit like 'pushy mother', but I think I've done everything to compensate, in a way, because I always wanted her to be confident; I never wanted her to doubt herself. I think one of my worries is, because of it being a sexual thing, when it comes to the time when she becomes sexually aware of

boys, or whatever, I don't want her feeling worthless or anything like that. I've always wanted her to have a lot of confidence. (Lucy, mother)

For her son, Stewart, Lucy had this approach:

I've started him with rugby to try and build his confidence. It must be a thing that's in my head: make sure they're confident. (Lucy, mother)

These strategies, each equipping the child to deal with men, seemed nuanced: Lucy wanted Zara to have the physical confidence to engage successfully in intimate relationships as a young woman. She possibly hoped that Stewart's participation in a masculine and sociability-driven team sport would help him to interact closely with other men, especially physically-imposing and self-confident ones, and find a satisfying, safe outlet for aggression.

Children's help in rebuilding mothers' confidence was a consistent theme, especially in mothers' interviews. Analysis of these interviews suggested that children built their mother's confidence by: (a) praising their engagement with the outside world, and (b) praising them as mothers.

In relation to (a), Ellie, a mother whose confidence had been damaged by domestic violence, described how:

Shannon always says she thinks I'm brave, which is really good, and she's so proud of me for going to court, and she's so proud of me for doing the stuff that I'm doing now with my volunteer work, and she obviously thinks I'm a very important person. I am [important] in her world; it's just lovely. (Ellie, mother)

For Ellie, Shannon's appreciation was clearly a source of happiness and pride. It was focused on her public side – her work, and her ability to fight for herself in

court – possibly reflecting Shannon’s desire to encourage and validate Ellie’s actions in these areas, along with her view of Ellie as a positive role-model.

Another mother, Eloise, discussed how her son John gave her confidence by advising her on what to wear, and encouraging her to do things that would be helpful for her:

He’ll say: ‘it would be good for you Mum’, which is important because when you’ve had so many bad things happen, it does make you feel a downer and you do doubt. I doubt myself a lot, and what I’m capable of doing, but John gives me encouragement to do things. (Eloise, mother)

Here, John was not only praising Eloise’s interaction with the outside world, but also helping to facilitate such engagement. Eloise’s account suggests that John’s support helped her to move beyond her self-doubt, and to do things that she might not have otherwise felt confident about. Eloise also described the supportiveness between herself and John as mutual:

We’ve been supportive of one another. We encourage each other: ‘you can do it’. We try to bump each other’s confidence up, you know, which is important. (Eloise, mother)

These supports exchanged between Eloise and John may therefore be seen as bilateral.

Regarding (b), comments by children praising their mother’s mothering may have been particularly powerful where mothers had viewed themselves as ‘bad’ mothers while living with the domestic violence. By saying that they were ‘good’ mothers, these children were helping their mothers to recover and move forward in important ways. As Sybil and Isobel described:

[Smiling] Jack's said lots of helpful things – how wonderful I am, [and] 'you're a great mum'. He didn't say them before. He says he knows how lucky he is. (Sybil, mother)

Emma: What are the most helpful things that your children have said to you?

Isobel: Um...: 'You're the best mummy in the world'.

Communicating about general things and feelings

Several children reported finding it helpful when they talked with their mothers about everyday events and feelings. Some mothers and children had always been able to communicate like this. For others, however, communication had been undermined during the domestic violence, leaving mothers and children emotionally distant. In some of these latter families, professional supports received during their recoveries had led to increased communication, enabling mothers to support their children more:

I didn't used to talk to Mum that much. I was always at friends, or in my bedroom – that wasn't so good. This woman at the refuge helped me and Mum to talk more. Now, when I get upset, we sit down and talk about what's happened. (Angel, 12)

I talk to my mum more now about what I've been doing. (Joe, 14)

We talk a lot more than we used to about stuff, like how school is. (Vince, 13)

Analysis of the interviews suggested that this form of support was particularly important in moving forward. Becoming more open and communicative at an everyday level was significant in many families' recoveries.

Children indirectly supporting their mother's recoveries

Children not only supported their mothers' recoveries directly and intentionally, but also in ways that were indirect and unknowing. Several mothers discussed how their children had helped them to carry on, particularly during the early stages of recovery. They also described how their parenting responsibilities had given a vital structure to their day, and how witnessing their children's recoveries had boosted their own well-being.

In some families, mothers talked of how, if it had not been for their children's presence, they would have committed suicide during or after the domestic violence. At the times when they had felt suicidal, these mothers were facing major obstacles to recovery with depleted emotional resources. However, their roles as mothers encouraged them to persevere:

There were times after leaving, especially prior to the court-case, that I just didn't feel that I could carry on. I just felt that I wouldn't be missed basically, that I'd made massive mistakes, that I was worthless and nobody would miss me, and that [my child] would probably be better off without me. But then it was like – there were two occasions when I nearly did something stupid, and it was only that [the child] happened to be in the same room, in bed, and I thought: 'I can't do that to [them].'
(mother not named for reasons of confidentiality)

In these cases, mothers believed that their relationships with their children had made a life-and-death difference during the most difficult parts of their experiences.

In other families, it was the need to care for their children that had pushed mothers to continue with their daily routines. Everyday parenting tasks, such as getting children ready for school, had helped mothers to work through their depression and trauma:

I think it helped me to carry on, like if they've gotta go to school and that, then you've gotta get up to get them to school. (Isobel, mother)

You've got kids that *need* you to keep going. So, in many ways, it's the children who make you get up the next day. I had to get up...In many ways they're definitely a life-saver. (Ruby, mother)

For some mothers, it was also the need to support their children that had helped their own recoveries:

Having the children helps you to recover, because you have to focus on them and sort them out. (Lauren, mother)

Being there for the kids helped me to get over what I was going through. (Bella, mother)

Having practical and emotional responsibility for children therefore helped to motivate these mothers to continue moving forward with their recoveries.

Several mothers discussed how they had benefited from their children becoming contented and expressing satisfaction with their new lives. For

example, Bella described how she had felt when her children affirmed their happiness:

During our first Christmas, they only had small presents compared to what they used to have before; but they said 'this is the best Christmas we've ever had'. That gave me a big boost. (Bella, mother)

This illustrates how mothers could be influenced by their children's feelings. When children expressed such appreciation, mothers could feel reassured about their decision to leave the perpetrator/father.

B. General mother-child supports not directly related to the domestic violence

Having outlined the ways that mothers and children supported each other's recoveries, we will now turn to the general supports that occurred at the everyday level. As we will see, the everyday supportiveness, affection and attentiveness described by the participants in this study were similar to those that happen in 'ordinary' families that have not experienced major adversity (Morrow 2003; Williams 2004; Oliphant and Kuczynski 2011).

Showing affection and spending time together

Chapter 6 showed how perpetrators/fathers' tactics for undermining mother-child relationships often included stopping children and mothers from spending time together and showing each other love. It is therefore unsurprising that most mothers and children in the sample discussed how, once living apart from perpetrators/fathers, they took the opportunity to spend more time together and be more affectionate with one another. This was often described as a dramatic

difference which brought immediate improvements to the mother-child relationship:

Emma: Could you tell me a bit more about how life's changed since you moved in here, and any ways that things between you and your mum have changed or improved?

Leah: Um, spending time together and just doing things together, watching films together and going out.

[My brother Thomas] didn't have much time with my mum, but now he can spend time with her, and he can just come and sit, and he can talk or cuddle or whatever he wants to do, because there's no one stopping him doing that now. (Katie, 12)

I feel like now I can show him how much I love him, and how fun and interesting he is, and take an interest in him, without worrying that his dad will stop me. We play lots of games together now. I've taught myself to play with him. (Sybil, mother)

Overall, mothers' and children's comments suggested that being able to spend time together, share enjoyable experiences and show affection for each other were vital forms of support. They produced a mutual feeling of being loved, liked and cared for. In-line with the children discussed by Radford *et al.* (2011:107) study, Leah emphasised the importance of being able to go out and have fun with her mother; an activity which Radford *et al.* suggest may help to overcome harm. Through these behaviours and activities, the families in this study can be seen as creating the conditions present within 'ordinary' families, where, as Oliphant and Kuczynski found, value is placed on: 'Having fun together, sharing

similar interests...displaying affection, and making time to spend with each other' (2011:1107).

Supporting each other through upsets or tiredness

Supporting each other through general upsets or tiredness was a common practice among the families in the study. Alison described how her daughter Jane had given her hugs after bad days. Other children made their mothers cups of tea, drew them pictures, or provided practical help with housework and care of siblings when their mother was ill or tired. These practical supports will be further discussed later in this chapter. Overall, mothers described being touched by this help, as it showed that their children were sensitive to their needs and cared about their well-being.

Mothers supported their children emotionally in several ways. Akeela, who described encouraging her sons to cry when they felt distressed, was described by Vince (13) as 'a good source of support'. Another mother, Alison, had comforted her children when one of their school friends had died. Several other mothers described how their children had consulted them with general worries or concerns. These supports from mothers may have helped children to manage their feelings constructively, helping to fulfil the definitions of family outlined by a participant in Morrow's study: 'Families are for helping you through bad times, cheering you up when you feel down, caring for one another' (13-year-old girl quoted in 2003:120).

Being attentive to each other's feelings

Williams observes that one valued quality in 'ordinary' families is 'being attentive to others' situations' within the family (2004:8). Similarly, in this study, attentiveness and consideration of each other's feelings was a support provided

by both mothers and children. One mother, Lauren, described how her children generally responded to her in a caring manner:

They [my daughters] both have a really nice supportive attitude. (Lauren, mother)

Examples of mothers' attentiveness tended to be more specific, such as responding well when told things in confidence, not saying 'that's stupid' or becoming unreasonably angry, and being interested in what had happened during the school day. Bob reported that one of the best qualities about his mother is that:

She's smart, because she knows how I'm feeling, like what moods I'm in, what school was like, and things like that. (Bob, 12)

Such supports were much valued by both mothers and children in the study.

'Being there'

The phrase 'being there' occurred frequently in the data. Overall, 'being there' appeared to be a valued support because it provided a sense of emotional security. Mothers and children had helped one another in the past, and felt that they would be supported through problems in the future.

It was most common for mothers to describe 'being there' for their children, although some children also said that they were 'there for' their mothers. For mothers, a major aspect of 'being there' was being available to talk to their children and help them through their problems:

I think the most helpful thing I've said to them is that they can always talk whenever they want, about anything they want, and no matter what they say or do, you know there's nothing they can't tell me. I might not like it (laughs), but no matter what happens or what they do in life, I'm always there. (Lucy, mother)

Jack knows I'm always there for him. He knows he can try things out, and have a go at new things, with his mum there to support him. (Sybil, mother)

Children noted their mothers' commitment to 'being there':

[Mum said] if you're ever upset, just talk to me and I'll be there for you. (Angel, 12)

[Mum said] if you've got a problem, just come and talk to me no matter what I'm doing. (Grace, 14)

This form of support was important to children, as it conveyed the message that they would not have to face difficulties alone.

Another major way in which children saw their mothers as 'being there' was in being dependable to help in any circumstance:

She's always there, and she's kind and she helps. (Jane, 11)

Mum makes everything better. She's always there for me; she would do everything in her power to help me. (Grace, 14)

Mum's the parent I can rely on. (Joe, 14)

Children sometimes spoke of their mother 'being there' as something that they had experienced in the past and present ('mum makes everything better'), and at other times as something that would happen if necessary in the future ('she would do everything in her power to help me').

Some children discussed 'being there' for their mothers in similarly consistent and valued ways:

[I think the most helpful things I've said to my mum are] that if she needs anything I'll talk to her, and that I'll help her with anything...If she ever needs me, she can talk to me, if she wants me to help or anything that's what I'll do; yeah. (Katie, 12)

[I think the most helpful things I've said to my mum are] that I'll always be there for you no matter what, and I'll help you if you need help. (Angel, 12)

Emma: Out of all the people or things in your mum's life, which do you think's helped her the most?

Angel: Us being there for her, and taking care of her – if she ever needs help, we help her, and if there's anything she wants done, we do it.

Joe: Just us being there for her and caring for her, and her friends being there for her.

As with mothers, children suggested that they had already 'been there' for their mothers ('us being there and taking care of her [has helped]'), and that they would continue to 'be there' in future ('I'll always be there for you no matter what').

Finally, some mothers discussed 'being there' as the norm within their family:

We all look after each other – that's how they've been brought up – whether it's emotionally or physically. You still love each other, no matter what's going on outside our group of three. You still love each other and support each other, and that's the reason you keep going. (Ruby, mother)

They're just there, and we just do support each other. [...We support each other through] cuddles, cups of tea and chocolate. We'll put a film on and just snuggle up together. We just know we're going to be there for each other, and we do help each other. We know that we love each other. (Lauren, mother)

These cultures of 'being there' for each other are in-line with findings discussed by Williams that: 'Day-to-day activities [that are] central to the sustaining of family lives and personal relationships [include] helping, tending, looking out for, thinking about, talking, sharing, and offering a shoulder to cry on' (2004:17). In enacting such everyday practices, the mothers and children in this study can be seen as creating new and more positive family lives, compared to the 'regimes of systematic coercion and control' (Morris 2009:417) that they had previously experienced.

Children's general indirect support

For several mothers, the experience of being engaged in a mother-child relationship was beneficial. They described their children as integral to their lives, and as people to whom they were devoted:

John being here has been really important to me...I wanted a child, and I'm glad I had John. To have John in my life, to have a child, is very precious. (Eloise, mother)

I just love her; I love her to bits. She's my world, my absolute world. (Ellie, mother)

My children have helped me the most: my whole life revolves around them. (Alison, mother)

Children's practical support for mothers

Many families discussed the practical supports given by children. (Practical supports by mothers were barely mentioned, perhaps because they were taken for granted.) Children's practical supports included; firstly, doing age-appropriate, routine tasks for, and with, their mother. This could involve accompanying her on hospital visits, helping out with cooking and cleaning, and, in the case of older children, providing money towards household expenses.

Several children also made decisions to adjust their expectations to their mother's financial, safety and health constraints. Akeela believed that her children chose not to ask for things to help her to manage financially and to spare her from feeling guilty. However, she found their sacrifices distressing:

I get upset, because sometimes in the summer the ice cream van is outside the school and they want ice cream, but I can't give it them because I haven't got my benefits this week, and sometimes I do get them an ice cream, but sometimes they know – they know when mum gets her benefits, and they'll say no: 'no mum we don't want an ice

cream leave it, leave it', but I know they want an ice cream. For them it's a treat, so it upsets me. (Akeela, mother)

Twelve-year-old Bob, (the second of four children) discussed how he understood that his mother Isobel had many parenting responsibilities, and therefore tried not to make excessive demands on her. (It was unclear whether Isobel was aware of this support.) Another mother, Ruby, explained that her children supported her by accepting how the domestic violence had undermined her health, so that on some days she had to rest in bed for a while rather than play with them.

Conclusion

Few previous studies have considered the roles played by mothers' and children's reciprocal supports after separation from perpetrators/fathers. Therefore, besides addressing research question 1b (see chapter 1), this chapter has added to knowledge of the recovery process by outlining several types of support exchanged by children and mothers. These supports, such as confidence-building and reassurance, spending time together, establishing a culture of 'being there' and showing affection by saying: 'I love you', 'it wasn't your fault', or 'you can do it', mostly occurred at the everyday level. Further research could help to investigate these processes in-depth, and with different samples.

Linking these findings to the literature review presented in chapters 2-3, this chapter has highlighted how agency was exercised by the children in the study through their active decisions to support their mothers. Many of these supports may be seen as positive and age-appropriate, and they often occurred alongside similar supports from mothers. These mutually-supportive, bilateral mother-child relationships were like those found in 'ordinary' families that have

not experienced major adversity (see chapter 3). We have seen that, in families where the domestic violence had inhibited this 'normal' mutual supportiveness, it could grow once mothers and children were living, and recovering, away from perpetrators/fathers.

However, as noted earlier, not all of the mothers and children in this study were supporting one another to the same extent. Contexts and impacts of support were also variable. The following chapter will therefore explore the different patterns of support that were present within the study.

Chapter 9: Patterns of mother-child support during the recovery phase

Introduction

The previous chapter provided an overview of the supports exchanged by mothers and children during the recovery phase. As was noted at the end of that chapter, supportiveness varied between the different mother-child relationships. The reasons for these variations related to the differences in the levels, contexts and impacts of mother-child supportiveness, as outlined in the framework below:

Levels

- a. The number of strategies of support used in the family (see the previous chapter for a discussion of these strategies)
- b. The number of strategies used by the mother, the number used by the child/ren, and the overall balance of support (i.e. is the mother or child/ren giving most support?)
- c. The presence/absence of mutual support

Contexts

- d. The status of the mother's mental health and the impacts mothers and child/ren believe this is having on their relationship
- e. The presence/absence of other people outside the immediate family to support the mother and child/ren
- f. The 'stakes' of child-to-mother support, whether low, e.g. cheering her up but not having major worries about her, or high, e.g. supporting a suicidal mother
- g. The level of on-going problems/conflict in the mother-child relationship

Impacts

- h. The degree to which the support is effective in meeting the mother's and child/ren's emotional needs
- i. The mother's feelings about the support they give and/or receive
- j. The child/ren's feelings about the support they give and/or receive

This chapter considers these differences. Addressing all the research questions of this study except 2a-2b (see chapter 1), the current chapter explores the variations in mother-child supportiveness during the recovery phase, and how the 3 key variables outlined above (levels, contexts and impacts) shaped mothers' and children's experiences of, and feelings about, giving and receiving support. Some mothers and children extensively discussed how they supported each other. Others focused more on the problems in their relationship, saying that they found it difficult to support each other. This was consistent with previous research, which has suggested that domestic violence has variable effects on mother-child relationships, with some remaining much closer than others (Mullender *et al.* 2002; Humphreys *et al.* 2006a; Bancroft *et al.* 2012).

Identifying patterns of support during the recovery phase

This exploration led to the identification of three patterns of mother-child supportiveness:

1. Support in contexts of positive recoveries
2. Support in contexts of limited recoveries
3. Struggling recoveries, struggling relationships

Especially given the small sample size, these patterns were not designed as typologies to be generalised to the wider field. Rather, they were developed as a

tool to discuss these particular mother-child relationships, after I observed during the fieldwork that different families were describing their recovery-phase mother-child relationships in different terms. As the patterns were not yet developed at the interview stage, mothers and children did not have the opportunity to state which pattern, if any, they felt fitted them. (This process could be built into further research.)

The patterns were extrapolated from participants' statements and 'affect displays': their tone of voice, facial expressions, and body language. For example, the status of mothers' mental health was indicated in the following ways:

1. Analysing the interview data showed that mothers had made direct statements on this topic. For instance, some mothers related that their mental health had deteriorated, but was now much-improved. Others stated that they were currently suffering from depression, or were feeling that they could not cope with their daily lives.
2. These statements were accompanied by positive and negative body language, expressions and tones of voice.
3. Analysing this data, I interpreted that mothers' mental health at the time of interview could be usefully placed into one of two basic categories: 'good' or 'poor'.

By analysing the various variables in this way, it was possible to see how the levels, contexts and impacts of mother-child supportiveness were linked together. Furthermore, the sub-factors (such as, for example, the number of supportive strategies used by mothers; or the status of mothers' mental health) were interlinked. It was at this stage that three patterns of support were identified:

Table 6: Patterns of support between mothers and children recovering from domestic violence

	Pattern 1: Support in contexts of positive recoveries (8 families)	Pattern 2: Support in contexts of limited recoveries (3 families)	Pattern 3: Struggling recoveries, struggling relationships (4 families)
Overall level of support within the relationship	High-to-moderate	High-to-moderate	Low-to-moderate
Balance of support between mother and children	Mothers providing high-to-moderate support	Mothers providing moderate support	Mothers providing low-to-moderate support
	Some children providing equal amounts of support to mothers. Some children providing significantly less support than their mothers, but still a moderate amount	Children providing high-to-moderate support	Children providing no identifiable support
Mutual support	Mutual support is occurring	Mutual support is occurring	Mutual support is not occurring
Mothers' mental health	Good	Poor	Variable (some good, some poor)
Degree to which support is effective in meeting emotional needs	High	Low-to-moderate	Low
Presence of other sources of support	High	Low-to-moderate	Low-to-moderate
Stakes of child-to-mother support	Low-to-moderate	High	N/A
Level of on-going problems/conflict in the mother-child relationship	Low	Variable	High
Mothers' feelings about the support they give and/or receive	Mainly positive	Mixed	Want more support in the relationship
Children's feelings about the support they give and/or receive	Positive	Positive-to-mixed	Negative and positive

This section will now summarise the features of each pattern.

Pattern 1: Support in contexts of positive recoveries

There were two main features that characterised the families experiencing pattern 1:

1. The mother and child/ren felt positive about the supportive nature of their relationships, and tended to describe these relationships with great happiness.
2. The mother and child/ren had developed warm, mutually-supportive relationships with one another, and these relationships were playing significant, positive roles in mothers' and children's recoveries.

There were several sub-factors that distinguished pattern 1:

- (a) The mother and child/ren were exchanging moderate-to-high levels of support, producing mutually-supportive relationships.
- (b) The mother was providing as much as, or more support than, her child/ren.
- (c) Because the mother's mental health was currently good, her child/ren's support for her was low-to-moderate stakes, and her child/ren was/were *not* particularly concerned about her.
- (d) The mother tended to report feeling skilled, confident and comfortable in her parenting.
- (e) There were few on-going problems or conflicts in the mother-child relationship(s).
- (f) The family usually had access to other sources of support.

- (g) The supports that the mother and child/ren were exchanging were generally meeting their emotional needs.
- (h) The mother and child/ren had mainly positive feelings about one another and the supports that they were exchanging.

Pattern 2: Support in contexts of limited recoveries

Like pattern 1, pattern 2 contained a high level of support. However, it was experienced in complex, partly negative ways:

1. The mother's mental health was poorer.
2. The 'stakes' of the child-to-mother support were higher because the child/ren was/were aware that their mother's mental health might further deteriorate if they stopped supporting her.
3. The mother's and child/ren's feelings about the supports that they were exchanging tended to be more mixed.

In these families:

- (a) There were moderate-to-high levels of support, and mutual support was occurring between the mother and child/ren.
- (b) The child/ren was/were supporting their mother slightly more than the mother was supporting her child/ren, or else the mother-to-child and child-to-mother support was balanced.
- (c) The mother's mental health was poor, and so the child-to-mother support was: (i) high-stakes, and (ii) not fully meeting the mother's emotional needs.

- (d) The child/ren were also often still experiencing emotional/behavioural impacts from the domestic violence, and their mother's support was only partly meeting their emotional needs.
- (e) The mother-child relationship was often still struggling to recover from the domestic violence, and was experiencing on-going problems.
- (f) The families tended to have fewer outside sources of support.
- (g) The child/ren and mother had positive-to-mixed feelings about the supports that they were exchanging.

Pattern 3: Struggling recoveries, struggling relationships

Pattern 3 families were different to pattern 1 and 2 families:

1. They were supporting one another to a lesser extent. Although the mother did provide support for their child/ren (at low-to-moderate levels), there were no data to suggest that the child/ren were supporting their mother.
2. These families had also experienced, or were still experiencing, many of the obstacles to recovery outlined in chapter 7. These were the only families where mutual support had not occurred during the recovery phase.
3. These were the same 4 families whose mother-child relationships had been most strained by the domestic violence (see chapter 6). There were on-going problems, including high levels of conflict. These problems were fuelled by the child/ren's lack of understanding of the domestic violence.

Within these families:

- (a) The mother's mental health was poor, and/or her child/ren was/were still experiencing emotional/behavioural impacts from the domestic violence and had low levels of understanding of it.
- (b) The mother's supports were only partly meeting her child/ren's emotional needs.
- (c) There was often a lack of informal supports (for example from family/friends), although there were formal supports such as Women's Aid.
- (d) The mother was aware that her mother-child relationship(s) was/were strained and they wanted to improve them.
- (e) The mother and child/ren were in need of more support to help rebuild their mother-child relationship(s).
- (f) The mother and child/ren generally had mixed feelings about the supportiveness within their mother-child relationship(s).

Overall, then, 11 out of the 15 families experienced pattern 1 or 2, with mothers and children giving each other moderate-to-high levels of support. Patterns 1 and 2 were therefore present in over two-thirds of the families – unsurprisingly, given that I had asked some organisations to refer me to families where the mother and children seemed close (see chapter 5).

In exploring these patterns of supportiveness in the aftermath of domestic violence, the following sections will provide data that is still unusual within the domestic violence research field (see chapters 1-3). As stated in chapter 5, the mothers within this sample had been separated from perpetrators/fathers for an average of 5 years at the time of interview. (Eighty per cent had been separated for over 3 years, and some for up to 10 years.)

These patterns therefore offer an insight into how these mother-child relationships developed in the medium-to-long-term.

Pattern 1: Support in contexts of positive recoveries

The 8 families exhibiting this pattern are listed below. In these first 4 families, the mother and child/ren were giving roughly the same levels of support to one another:

1. Isobel and her son Bob (12);
2. Ruby and her children Katie (12) and Thomas (10) (though Thomas, the younger sibling, may have been giving lower levels of support than Katie);
3. Lauren and her daughters Grace (14) and Zoe (12) (again, Zoe, the younger sibling, may have been giving lower levels of support than Grace);
4. Bella and her daughter Roxie (11). (This mother and child were a little different as they were supportive but there were also significant on-going problems in their relationship.)

In a further 4 families, the mother was providing high levels of support while the child/ren were providing moderate levels:

5. Ellie and her daughter Shannon (10);
6. Alison and her daughter Jane (11);
7. Sybil and her son Jack (11, not interviewed);
8. Lucy and her daughter Zara (11, not interviewed). (Zara did not appear to be providing her mother with as much support as the other children within pattern 1. However, this family did fit pattern 1 in other ways. The

mother-child relationship was described as being close with few problems.)

Not all of these families matched all of the criteria for pattern 1 support. I believe that these differences indicate the range of variations within pattern 1. Future research with larger samples may confirm this view, or suggest that these variations call for the creation of additional patterns.

The mothers and children experiencing pattern 1 tended to provide each other with nearly all of the forms of support discussed in chapter 8. They also generally spoke with happiness about their relationships with one another. Each of these mothers and children gave each other multiple forms of support, and there were usually few on-going problems or conflicts in their mother-child relationships. These dynamics will now be discussed in more detail.

Pattern 1 ways of supporting

Mothers tended to report giving their children high levels of general support on a day-to-day basis. They did this by showing love and affection, being generally attentive and responsive to their children's feelings, supporting them when they felt upset, and giving them a strong sense that they were always 'there for' them and would help with any problems. They also appeared to be actively and effectively helping their children to recover, by giving them reassurance about the past, present or future (particularly by reassuring them that the domestic violence had not been their fault, and by giving them age-appropriate information about it). Finally, they were also understanding about children's sense of connection with the perpetrator/father. When contact with the perpetrator/father was an issue, mothers supported their children through the distress that this caused (see chapter 7).

On an emotional level, mothers within this pattern who were still rebuilding their mental health (some having experienced drug-addiction and suicidal feelings during the domestic violence) supported their children by keeping their low moods or worries largely private. Mothers also helped their children to overcome any emotional or behavioural impacts from the domestic violence, for example by supporting them to develop constructive ways of dealing with anger. Finally, mothers helped to boost their children's confidence, and encouraged them to become independent and compassionate people.

Children were also providing their mothers with many forms of support. On an everyday level these included: being generally loving and supportive towards their mother; being helpful when their mother was tired or ill (for example by making her a hot drink, or by drawing her pictures); providing low levels of practical support such as occasionally helping to look after younger siblings; and offering to be 'there for' their mother if she was having problems. Importantly, however, these children were rarely their mother's only source of support. Pattern 1 mothers usually had other sources of support, most often their own mother and/or a network of friends. Mothers' and children's sense of being embedded in these networks of support appeared to increase their sense of well-being.

Pattern 1 children also tended to support their mother to recover from her experiences of domestic violence. Their techniques for doing so included: reassuring her about the past, present and future (particularly by telling her that the domestic violence was not her fault); lifting her out of negative moods by cheering her up or distracting her with an enjoyable activity; and increasing her confidence by praising her as a mother and supporting and encouraging her to engage with the outside world.

The recovery phase was therefore a time when major improvements occurred within pattern 1 mother-child relationships. Mothers and children

seemed to be providing each other with high levels of constructive and helpful support. This is particularly notable in light of these families' divergent previous experiences (see chapter 6). Some of these mothers and children had experienced far more severe domestic violence than others. During the abuse, some mother-child relationships had been close and highly supportive. Others had been fairly strained and disconnected, such as those of Isobel and Bob, Sybil and Jack, and Bella and Roxie. Their current levels of support and closeness – developed to the point where they seemed to be among the most positive within the study at the time of interview – represented a significant advancement.

Pattern 1 children's feelings about support

Pattern 1 children generally appeared to be experiencing their supports for their mother in positive ways. Their supports were mainly low-stakes, because their mother was already experiencing relatively high levels of well-being. Although some of these mothers were still in the process of rebuilding their mental health, they generally expressed confidence in their ability to cope, enthusiasm about their current lives, and gratitude for their support networks. In this positive emotional atmosphere, children's supports mainly appeared to be more of a spontaneous reflection of their love for their mother than a reaction to pressure or worry. Children's interviews indicated that they were supporting their mother not because they felt that they had to, but because they desired to do so.

Accordingly, children reported positive feelings about giving support. One child, 12-year-old Katie, mentioned how the support between herself and her mother Ruby was reciprocal, how giving support to Ruby was enjoyable and beneficial in itself, and also how she was benefiting from additional sources of support:

Katie: I think it used to help Mum [to have me to talk to], because my mum says I'm quite grown-up for my age because I've got a niece and I look after her quite a lot, and Mum says I'm grown-up and she just trusts me with stuff. It's the same with my gran; she trusts me with a lot of things, so yeah.

Emma: What's that like for you; is it good *and* bad, good *or* bad?

Katie: I feel like it's good, and I don't feel pressurised or anything that I've got this secret [her experiences of domestic violence], and I'm not allowed to tell anyone or anything, 'cos my friend knows (because my mum told me to tell my friend). She's a really nice friend, and I could trust her with my life and she wouldn't tell anyone. But I feel quite grown-up about it, because I feel my mum could trust me with anything. I'm really proud about that.

Emma: And how do you feel about telling things to your mum?

Katie: I could tell my mum literally anything. I can trust my mum. However I feel, I could tell her and she'd be fine with it, and she'd help me out if it was a big problem. And I could also talk to my gran about it, because I'm really close to my gran and I can just tell her anything.

This quotation illustrates the importance of considering the context in which children give support. Here, Katie states that she feels no pressure or worry about supporting her mother. She describes feeling strongly supported by her mother, her grandmother and her friend, being confident in telling them anything, and knowing that they would help her with any problems. Katie felt 'proud' and 'grown-up' that Ruby trusts and confides in her. Within this context, Katie's role as Ruby's confidant appeared to be benefiting her. Ruby was also clear in her own interview that, though her dialogue with Katie was quite open, she also intended it to be age-appropriate.

Other children also described the supports that they and their mother gave to each other in positive terms, and suggested that the supports that they received from their mother were meeting their emotional needs:

(Happy tone) We've helped to make each other feel better; we've given each other support throughout the whole thing. (Grace, 14)

Mum's strong, intelligent, caring...She helps me; she knows how I'm feeling, like what moods I'm in. (Bob, 12)

Here, Bob affirms his mother's awareness of his emotions, suggesting that it allows her to support him effectively.

Findings around mutual supportiveness will be discussed in more detail in the next chapter, but here it will be noted that Grace describes giving and receiving support in return; and this was a reciprocity that pattern 1 children appeared to value highly.

Pattern 1 mothers' feelings about support

Mothers expressed similarly positive attitudes about the supports that they were giving to, and receiving from, their children:

Shannon always says she thinks I'm brave, which is really good, and she's so proud of me for going to court, and she's so proud of me for doing the stuff that I'm doing now with my volunteer work, and she obviously thinks I'm a very important person. I am [important] in her world; it's just lovely. (Ellie, mother)

They're just there and we just do support each other. [...We support each other through] cuddles, cups of tea and chocolate...We'll put a film on and just snuggle up together...We just know we're going to be there for each other and we do help each other. We know that we love each other.
(Lauren, mother)

These quotations reflect the satisfaction and happiness that mothers expressed about their current relationships with their children. There is a sense within these extracts that the children's supports were meeting their mother's emotional needs. Rather than being heavy or burdensome, these supports appeared to be light and enjoyable, such as the affirmation of saying: 'I'm proud of you Mum' or watching a film and eating chocolate. Nonetheless, by conveying love, closeness and positive feelings, these 'light' supports seemed to be powerful and effective.

Pattern 1 mothers were also usually positive about the supports that they were giving to their children. These mothers tended to demonstrate a high level of confidence in their parenting abilities and practices. This confidence was evident in the long and detailed descriptions that they provided when asked about parenting:

Trust, love, friendship, fun; and I do think you need to give boundaries to your child, and routine is so important. And just enjoy each other, you know? Being a parent should be fun; being a kid should be fun. Don't do what you think you 'should' do; do what you and your child want to do. If your daughter wants you to play tea parties with her dollies, and you want to revert back to being a child, then do it, because I do, and it's great fun. (Ellie, mother)

It's just a lot happier, calmer. I did the Triple P parenting course...and I've got like a toolkit for if anything does arise that I can put into place, like talking to the kids and stuff...So we just have a laugh, and they're being kids and I'm being a mum now so, you know, they've got boundaries and stuff. (Isobel, mother)

Lots of love, lots of praise to balance out any discipline you've got to do. Lots of silliness. Distraction instead of telling them off sometimes. Honesty, consistency, routine. Good boundaries, but fair boundaries. I think you've not got to sweat the small stuff. Manners: teach them to do the right thing, say sorry and to learn from their mistakes, and let them make mistakes. Lots of fresh air. Make the telly time special family time. And teamwork: stick together. (Ruby, mother)

In making these statements, pattern 1 mothers indicated that they were thoughtful and comfortable in their parenting. They were confident enough to ignore 'what you should do' and have childish fun with their children, and to allow their children to make mistakes. Their descriptions of their parenting were well-rounded, including discipline and boundaries as well as praise and laughter. They also often had strategies for avoiding conflicts and arguments with their children, facilitating calmness in challenging situations.

Finally, these mothers tended to be attuned to their children's emotional needs and were skilled in responding to them. For example, Ruby and Alison discussed how they had been conscious that their children would be unsettled during the period when they left the perpetrator/father, and therefore provided reassurance to ease them through these transitions. Alison described how she had kept her children in a consistent routine when they moved into a refuge, and

carefully framed what was happening in positive terms. Ruby also explained how she had consistently reassured her children by telling them:

'We'll be able to get through this'; 'it's going to be better than the old house'; and 'it's going to be a bumpy ride, but we'll get there'. (Ruby, mother)

Such efforts may have helped children to maintain high levels of well-being, and to cope with their difficult experiences.

Overall, these mothers expressed positive attitudes towards their children, emphasising how important their children were to them and the closeness of their mother-child relationships:

I just love her; I just love her to bits. She's my world, my absolute world. (Ellie, mother)

She's beautiful, talented, and she's a little star. (Lucy, mother)

We're very bonded, very happy, and very close. (Alison, mother)

As previously mentioned, these pattern 1 relationships were often being achieved within families that were still experiencing negative impacts from the domestic violence. However, mothers were able to ensure that they had the emotional resources to continue parenting. Ellie described how she was making sure that she was not always 'in bits' in front of her daughter. Lauren also explained how she had protected her mental health by initiating only the most winnable disputes with her ex-partner about contact between him and the

children, and by accepting practical help from friends so that she had enough physical energy to look after the children.

These informal supports often contributed to the high levels of well-being in pattern 1 families. Most had access to assistance from friends and family. Maternal grandparents, especially, had provided support at the beginning of families' recovery phases, giving mothers much-needed time to become emotionally stronger and abler to cope with the challenges of single-parenting. As we will see, this rarely occurred within the pattern 2 and 3 families in the study.

Another relevant point is that sibling birth-order and gender may also have impacted on closeness between some pattern 1 mothers and children. Within pattern 1 there was a high proportion of relationships between mothers and first-born daughters (Katie, Grace, Roxie, Jane and Zara are all first-born daughters, and Shannon is an only child). Part of the explanation for this may be that mothers often form close relationships with their female first-born children, who they may view as being more similar to themselves (Ovler *et al.* 1989).

As noted above, there were also two families within pattern 1 where first-born daughters (Grace and Katie) appeared to be giving their mothers higher levels of support than did their younger siblings (Zoe and Thomas). Possibly, the siblings in these families had taken slightly divergent paths when relating to their mothers, to differentiate themselves from one another and establish their own identities and positions within their families (Feinberg *et al.* 2003). However, this theory of sibling differentiation seems less applicable to many families in the study. In some families, second-, third- or fourth-born children were particularly close to their mothers, or all of the siblings appeared similarly close with their mother.

The domestic violence experienced by the families in this study may have helped to shape these different family dynamics. For example, Katie reported

that, as the older child, she had given her mother more support than her younger sibling during the period when they separated from the perpetrator. Conversely, pattern 3 mother Marie described how, at the time of interview, she had closer relationships with her younger children. This was because they had lived with the perpetrator/father for less time and had been less exposed to his tactics for undermining their mother-child relationships. Overall, then, age, sibling birth order and gender may have effected mothers' and children's levels of closeness and supportiveness at the time of interview, but other factors were clearly also influencing these dynamics.

Pattern 2: Support in contexts of limited recoveries

Pattern 2 was being experienced by 3 families at the time of interview:

1. Eloise and her son John (20);
2. Akeela and her sons Ali (15, not interviewed), Vince (13), and Brock (12);
3. Violet and her children Joe (14) and Angel (12). (There were fewer on-going problems in the mother-child relationship in this family, and the family had more outside sources of support. However, Violet was in poor mental health, and the children were providing high-stakes support.)

Pattern 2 was more complicated and mixed than pattern 1. Mothers and children in these families had mixed feelings about the levels of support in their relationships, and some children had mixed feelings about giving support to their mother.

The key difference here was that mothers were struggling more with their mental health. As with pattern 1, children gave moderate-to-high levels of support to their mothers, while mothers also attempted to give their children

effective support. However, unlike with pattern 1, there were often significant on-going problems and conflicts in the mother-child relationship. Mothers, experiencing worse mental health, had lower feelings of confidence, control or skill in their parenting. This meant that they were finding it difficult to give support to their children, and were in need of help to do so. This also meant that their children's support for them was more high-stakes.

Mothers' ways of supporting their children

Pattern 2 mothers were generally supportive of their children on a day-to-day basis, and expressed feelings of love for them. They appeared to be quite aware of their children's feelings, and tried to be understanding and responsive to them. They also reported building their children's life-skills, such as cooking and paying bills, and supporting them to do things independently.

These mothers were, however, sometimes lost in depression, and this affected their daily interactions with their children. One mother, Akeela, found her sons' behaviour difficult to cope with. She was therefore often upset, angry or frustrated with them. Although many pattern 2 children identified their mother as an important source of support, only the siblings Joe and Angel, children of Violet, said that their mother was always 'there for' them.

Pattern 2 mothers made considerable efforts to help their children to recover from the domestic violence. They variously attempted to:

1. Rebuild their child/ren's confidence;
2. Reassure them, advising them not to allow the past to influence their present lives;
3. Encourage them to discuss or express their feelings and worries;
4. Enhance their feeling of safety in relation to their fathers (who were not imprisoned and still posed a danger to them);

5. Secure professional help for them (with Akeela and Violet using Ontario-based programmes to help their children to move forward from the emotional/behavioural impacts of the abuse. In the case of the other pattern 2 mother, Eloise, this was harder as her child was already 16 at the end of the domestic violence and had negative experiences of services).

Such aims did not always appear to have been achieved as comprehensively as in pattern 1. Yet mothers were making significant efforts to support their children, despite their worse mental health.

Children's ways of supporting their mothers

Pattern 2 children supported their mothers as much as – perhaps even slightly more than – their mothers supported them. On a daily level, these children generally had supportive attitudes towards their mothers. John, Joe and Angel reported 'being there' for their mothers. Akeela described her son Ali as someone who always listened to and understood her.

These children also helped their mothers in practical ways, many of them typical of how children support parents in 'ordinary' families (Morrow 2003). John (20 at the time of interview) gave Eloise money to help with bills. He sometimes cooked meals for her as a treat. Similarly, Violet commented that her children were helpful with housework and accompanied her to medical appointments. Akeela's children had tried to be understanding about their mother's financial limitations. Sometimes they refrained from asking her to buy things for them. However, one of Akeela's children was giving higher levels of help than usual, and this may have been having a detrimental effect on him. Akeela described how 15-year-old Ali (not interviewed) was like a father to his

younger brothers (Vince and Brock). Akeela said that she could not cope as a parent without Ali's help.

Children also helped to rebuild their mother's confidence, lifting her mood and, in the case of Angel and Joe, reassuring her about the past. Vince and Brock discussed how they were trying to keep their mother safe from the perpetrator/father by telling her not to leave the house without them. Finally, John mentioned that he sometimes withheld his negative thoughts or moods from his mother, to avoid upsetting her.

Pattern 2 mothers' poor mental health

One significant feature of pattern 2 was that of all the interviewed mothers and children asked to be interviewed jointly. As discussed in chapter 5, these joint interviews perhaps made it harder for children to discuss the negative feelings that they had about supporting their mothers.

However, the preference reflected the fact that these mothers were – unlike pattern 1 – unguarded with their children about how they were feeling, and therefore felt no need to be interviewed privately. Eloise and John were particularly adamant that they should be interviewed together, stating that: 'we don't have any secrets from each other'. Violet described how she felt that it was correct and important to be always honest with her children. Akeela also discussed the benefits of sharing her feelings with her children (something that she had only begun to do during their recovery phase):

With me talking to my children, and having that understanding, that's really helped us as a family – it's better. I needed them to know how upset I was, and that's really helped me. Mothers hide their emotions to protect their children, but to mothers it's a torture. After the boys got help, we all started sharing our emotions with each other. Before, we

kept our emotions locked up, I kept mine locked up, and we didn't understand each other like we do now. (Akeela, mother)

One aspect of this understanding in pattern 2 was that children had been aware for many years that their mother struggled with mental health issues and sometimes felt suicidal. Mothers discussed these problems in their joint interviews. Eloise and John shared a dialogue about it:

Eloise: I get very, very depressed. When I feel depressed, like I can't go on, I tell him that.

John: (sighs)

Eloise: Don't I? I say I can't go on anymore, life is too hard.

John: So many times I've heard that. What a crush that is hearing your own mother saying she wants to kill herself, she wants to kill herself. It's horrible.

Other interviews similarly demonstrated the high-stakes nature of pattern 2 children's support:

To tell you the honest truth, if it wasn't for Ali I wouldn't be here today. I can't cope, I can't cope with the younger two...With Ali being the oldest and having seen things and been part of it, he knows, he understands...I would have had to put the youngest two in care, if it wasn't for Ali taking them aside and saying: 'why are you upsetting and stressing mum?' (Akeela, mother)

Without the kids, I probably would've committed suicide...We're very close, and as long as we're close things are okay...I still have days when I

feel like I can't cope. I just sit and cry. The kids ask me why, and I say I don't know. I usually try to just get on with things. (Violet, mother)

As we can see, mothers often spoke approvingly about how their children had helped them to cope with their mental health problems.

However, the on-going nature of these problems was linked to inadequate responses from services. For example, as Joe's testimony suggested, Violet's depression was linked to the post-separation violence that the family had experienced from the perpetrator/father:

She'll be happy, and then something will happen, like she's told she has to move house [because of the on-going threat from the perpetrator/father], and she'll be dead down. (Joe, 14)

Rather than the perpetrator/father being punished for his violence, Violet and her children had been forced to secure their own safety by fleeing the area, leaving behind their networks of support. It was these events that appeared to have triggered Violet's poor mental health. Violet also mentioned how she had received good professional support while she and her children had lived in a refuge, and that her well-being would have been better if this level of support had continued when she returned to the community.

Eloise's poor mental health was also associated with issues that could be overcome with effective support. Eloise tearfully described the sense of guilt that she felt about her son growing up with domestic violence:

Everybody will say: 'but you're not with him [the perpetrator/father] anymore; surely you should start feeling better?', but I don't. I feel bad about it, because I knew that it was my fault – me staying with him –

that John's had problems...I have flashbacks, like Post-Traumatic Stress, and I feel so bad that I allowed that man to put our child through what he did. (Eloise, mother)

Eloise believed that her on-going depression was largely caused by these negative feelings. Although she had been involved with multiple professionals because of the domestic violence, it was not clear that she had received support around her relationship with John or her feelings of guilt towards him.

It is helpful to compare Eloise's testimony to that of a pattern 1 mother, Ellie. Ellie had felt similar feelings of guilt, but had received effective supports to reduce them, enabling her attain a higher level of well-being:

My daughter and I are far more open with each other, and I think that's got a lot to do with the fact that we went to a post-abuse therapeutic course with the NSPCC, which was absolutely fantastic...I used to find it very difficult to tell Shannon off because she'd always say: 'you don't love me', and I'd feel so guilty. But the whole programme made me realise that there's nobody who's a perfect parent; you're gonna have your bad days sort of thing...I'm able to be more comfortable now...I do still feel guilty and know that I shouldn't, but I do, but nothing in comparison to how it crippled me before. So I'm able to answer painful questions that she puts to me about the past. (Ellie, mother)

Unlike the pattern 2 mothers, Ellie describes receiving effective support that improved her mental health and enhanced her parenting skills. This had allowed her to introduce some discipline into her mother-child relationship, while also responding to her daughter's wish to communicate more about their past experiences. Such supports may have played a significant role in directing Ellie

towards pattern 1 rather than 2. If the pattern 2 families had received such supports, then their mother-child relationships might have improved in the manner that Ellie's did.

High-stakes support from pattern 2 children

Because of pattern 2 mothers' poorer mental health, the supports provided by children were more high-stakes than in pattern 1. Although pattern 2 children did not discuss this in their joint interviews, it may have been that they were more worried about their mothers' well-being, and more concerned about the consequences of withdrawing, or providing less, support.

However, it seemed that they generally used the same forms of support as pattern 1 children, rather than deploying forms of support that were specific to their mothers' suicidal thoughts or feelings of depression. For example, they boosted their mother's confidence and lifted her mood:

Me and my brother [Brock] are a good support, because when Mum's crying we give her pep talks that bring her up and stuff. We say: 'Oh, Mum, everything's going to be alright'. (Vince, 13)

He's very supportive and he's funny; he makes me laugh, and that's a really good quality. He's made me laugh a lot...Any bad news brings me down; it brings it all back to me...so he'll make me laugh; he'll put a smile back on my face...John will say: 'it would be good for you mum', which is important because when you've had so many bad things happen it does make you feel a downer and you do doubt. I doubt myself a lot and what I'm capable of doing, but John gives me encouragement to do things...and how to dress; I always ask his opinion. He says I've turned him into a stylist! (Eloise, mother)

These forms of support seemed relatively light and positive. The closest that these children seemed to come to dealing with their mothers' mental health issues was in brief statements such as Joe's warning 'not to do anything stupid', and his action of calling Violet at work to check that she was feeling well.

However, there was a critical difference between patterns 1 and 2 in children's sense of 'being there' for their mother. Whereas pattern 1 children tended to say in their interviews that they would be there for their mother *if* she needed them, pattern 2 children such as Angel described how they *actually were* there for their mother:

[What's helped Mum the most is] us *being there* for her, and taking care of her: If she ever needs help, we help her and if there's anything she wants done, we do it...I've told mum that I'll *always be there* for her, no matter what, and I'll help her if she needs help. (Angel, 12, my emphasis)

There is a subtle difference of grammar here. The 'I will' of children such as Angel is not a promise 'to be there' (if needed in the future) but a pledge to 'always be there' in a continual state of 'being there' for the mother.

In helping and doing things for their mother, pattern 2 children showed that they were actively engaged in improving their mother's emotional well-being. This support was often successful in the short-term. Eloise, especially, discussed how helpful she found it when John encouraged her to do things and when he used humour to raise her spirits. However, it was obvious that further supports were needed to meet mothers' long-term emotional needs. It was also unclear what long-term impacts there were for children continuing to 'be there' for their mothers in these ways.

Pattern 2 mothers' support for children

While mothers themselves were struggling with the emotional/behavioural impacts of the domestic violence, they found it hard to help their children to recover. Their supports in this area were limited to verbal encouragements such as: 'be strong'; 'don't give up'; or 'try not to think about the past and enjoy your life now'. This was perhaps the best available strategy, given their limited resources of support and guidance. Yet the helpfulness of such statements was unclear. Although they were well-intentioned, they encouraged children to ignore their negative feelings rather than address them.

Also, unlike in pattern 1, mothers tended to frame their concern to build their children's independence in terms of equipping their children to cope without them:

I've shown my boys how to pay bills. I tell them that they must be independent, and not rely on me, in case I'm not there anymore. (Akeela, mother)

I tell them I'm not going to be around forever, so they need to know how to do things for themselves...I hate it when they argue. I say to them: 'you should stick together because, if anything happens to me, you'll only have each other'. (Violet, mother)

No pattern 2 children commented on how helpful this independence-building was for them. This form of support was possibly worrying for them, reminding them of their mothers decreasing capacity and mortality in the future.

Yet pattern 2 mothers did meet their children's emotional needs in other, potentially more effective ways, despite the difficulties that they were

experiencing. Violet described how she encouraged her children to turn to her, and also urged them to utilise other sources of support:

I've always told the kids to tell me if they've got a problem, otherwise it won't get sorted out. I also encourage them to talk to teachers if they're having school problems. I tell them that there's people out there who can help them. (Violet, mother)

Such statements are potentially helpful, promoting the idea that problems are there to be resolved, not endured. They frame the world as a place where support, when sought, is available.

Of the pattern 2 families, Violet and her children had the most extensive circle of support. Violet's children were her most important sources of support, but she also felt supported by a close female friend. Other pattern 2 families appeared to have fewer sources of support. This may have increased their vulnerability, potentially making it more problematic that the mother-child relationships were not fully meeting mothers' and children's emotional needs.

Pattern 2 children's feelings about support

On the whole, taking into account the data collected and the context of the joint interviews (where children spoke in the presence of their mother), pattern 2 children seemed to have mixed feelings about the supports that they were providing for their mother. These children were aware of their mother's poor mental health, yet their supportive strategies often appeared to be light and positive (advising her on what clothes to wear, for example). No child reported counselling their mother extensively about her depression, for instance. Furthermore, despite being aware of their mothers' poor mental health, children described feeling well-supported by their mothers:

[My relationship with Mum is] alright now. Mum talks to me now. She's kind, because she helps me out. She's just, like, so good, nice and generous, because, if I do something wrong, she doesn't shout at me or hit me like him [the perpetrator/father]. (Brock, 12)

[If I could pick three words to describe my relationship with Mum, they would be:] nice, brilliant, fabulous...We get on great. Mum tells us stuff, and it's been brilliant since he's been gone. (Vince, 13)

[If I could pick three words to describe my relationship with Mum, they would be:] wonderful, fabulous, caring – because she always takes care of me, and whenever I want to talk to her she's there for me, and she's a wonderful person. (Angel, 12)

Mum's lovely, caring, and just there all the time. [...Our relationship is] perfect, together all the time, loving, caring. I wouldn't change it for anything. Mum's the parent I can rely on. (Joe, 14)

Although this positivity perhaps reflects the joint-interview scenario, the statements do highlight specific aspects of mothers' support. Vince and Brock said that they valued Akeela discussing things with them. Joe and Angel praised Violet's consistent support for them and her 'caring' approach to parenting. Furthermore, both sets of children valued their mother-child relationship partly by comparison with their relationship with the perpetrator/father. It was perhaps this, above all, that helped pattern 2 children to appreciate the positive aspects of their mothers' parenting. They may have been aware that, although these mother-child relationships were not perfect, they could have been much worse.

Children also spoke in broad, happy terms when discussing the help that they provided to their mother:

What's helped mum the most is us being there for her, and taking care of her. If she ever needs help, we help her, and if there's anything she wants done, we do it. (Angel, 12)

Me and Vince get on really well, and we try and help our mum. (Brock, 12)

When asked what he wanted for Akeela in the future, Vince replied:

I want her to have a good life, because she's made us have a good life, and I want her to have a good life. (Vince, 13)

This comment indicates Vince's feeling that his mother had been successful in providing a 'good life' for him.

Only one pattern 2 child, John, reported experiencing negative impacts from his mother's on-going depression. John stated that he felt that his own mental health was suffering as a result of living with a depressed parent:

John: There are things in my head – this is what I told Mum the other day – there's always stuff you keep inside, and, yeah, it's messed my head up a little, but there's some things I won't say, and my mum's asked me before, but I won't tell her what goes through my head sometimes.

Emma: Is that sometimes because you don't want to upset or worry her or...?

John: Yeah (pause)

Emma: Can I ask you a bit more about [Eloise's] depression, and how that affects the two of you?

Eloise: Greatly, I think if I didn't have my depression we'd have moved on a lot further wouldn't we?

John: Hm.

As this testimony suggests, John's mental health was adversely affected by his mother's depression, limiting the ability of both to recover from their experiences. This again highlights how mothers and children within pattern 2 may benefit from mothers having access to appropriate professional supports.

John was generally positive about his relationship with Eloise, while acknowledging the high levels of conflict between them. John mentioned that, while still living with the domestic violence during his teens, he had taken illegal drugs as a coping strategy against Eloise's wishes. Eloise and John had argued, sometimes so heatedly that police officers had been called to their house. Yet John emphasised that, although the relationship had downsides, Eloise was his most important source of support, and things would have been much worse without her:

Emma: Of all the people or things in your life, what do you think's helped you the most?

John: Mum. If she wasn't here then I'd be off in the army now, or off the rails, in jail, dead or whatever; I don't know.

John and Eloise also emphasised that their arguments did not undermine the fundamental closeness of their relationship with each other:

John: I love my mum: You give me grief; I give you grief (Eloise laughs); we give each other a lot of grief, but I love her with all my heart... Our relationship can be bumpy, but we always resolve it: We're always like a rock.

Eloise: Solid.

John: Yeah, solid.

Eloise: We're close; we disagree; but we disagree in a nice way. We'll have heated arguments, but we get over them.

Here, John exemplifies the gratitude of pattern 2 children for their mothers' efforts in supporting them. Although such support was constrained by mothers' mental health, children still appeared to view it approvingly, aware of how it benefited their well-being.

Like John, Akeela's oldest son Ali may also have had mixed feelings about the supports between him and his mother. Unfortunately, it was not possible to interview Ali, as Akeela and Ali had argued immediately prior to their scheduled interviews, and Ali was no longer willing to participate. In her own interview, Akeela described Ali as being supportive of her but also occasionally angry and frustrated, especially at her inability to buy him expensive things. Akeela also discussed how Ali often took the role of father towards his younger brothers Vince and Brock, but was sometimes aggressive towards them.

It was not possible to develop a direct understanding of Ali's situation and feelings; yet it seems that, if interviewed, he may have expressed more negative feelings about his role within the family than the other pattern 2 children. Akeela's comments suggest that he was struggling to manage his feelings constructively, and was in need of further support:

Ali doesn't cry...His way of coping is to shut himself away, and not talk.
(Akeela, mother)

It may be speculated that Ali was unhappy both at providing such a high level of support, and because of the on-going emotional impacts of the domestic violence. Gaining a fuller understanding of such feelings would require further research with other children in similar circumstances.

Pattern 2 mothers' feelings about support

Pattern 2 mothers expressed positive or mixed feelings about the levels and types of support in their mother-child relationships. For Akeela, negative feelings were based around: (a) her children having to give her high levels of support; and (b) her inability to fully support her children in return because of her financial limitations. Both feelings were described by Akeela as she discussed the help that Ali had given to her since they had separated from the perpetrator/father 8 years ago:

To me, overnight, Ali became an adult in those few months. Ali grew up for me, and sometimes I feel really upset. To tell you the truth, I think I deprived my son of his childhood; and [financially] things he wants and needs, I can't give him (crying). (Akeela, mother)

Akeela was distressed about these issues. However, at other times in her interview she spoke more positively about her children's support for her:

Vince is good. Vince understands; sometimes he has his tantrums [about me buying things for him], but then he says: 'Mum, leave it', and Ali

always works round me. You know, he does things for me and he understands. (Akeela, mother)

Akeela's feelings about her children's support were therefore complex. At times she was upset. At other times, she appeared to be grateful for her children's thoughtfulness and understanding.

The other pattern 2 mothers only discussed positive feelings around the supportive relationships that they and their children had developed since separating from the perpetrator/father. Both Eloise and Violet spoke with pride about the support that they and their children were exchanging:

It's nice. John will cook for me, won't you? And he makes lovely little meals, don't you? And he said to me the other day: 'Mum, will you teach me how to make pastry?', because he wants to learn. (Eloise, mother)

We're close, and, as long as we're close, things are okay. My kids are so funny, oh – they make me laugh. We have some crazy fun days together.

I think my kids are amazing, and I love them to bits. (Violet, mother)

These examples – cookery and 'crazy fun days' – serve to reiterate the often light and enjoyable nature of support between pattern 2 mothers and their children.

Overall, then, pattern 2 mother-child relationships had many positive qualities. Mothers and children reported feeling close to one another, and valuing each other's support. The way that pattern 2 differed, compared with pattern 1, was that mothers were less advanced in their recoveries, and were still being negatively affected by their experiences of domestic violence. Pattern 2 mothers' worse mental health reduced their ability to promote their children's recoveries,

and meant that children's support was more high-stakes than in pattern 1. Further professional supports were required for these families to recover from their experiences of domestic violence, and to build on the strengths in their mother-child relationships.

Pattern 3: Struggling recoveries, struggling relationships

Pattern 3 was experienced by 4 families in the study:

1. Kimberley and her daughter Elle (14);
2. Charlie and her children Tanya (14, not interviewed) and Ross (9, not interviewed);
3. Marie and her daughter Leah (11);
4. Ria and her daughter Carly (7, not interviewed).

Pattern 3 children appeared to be experiencing negative emotional/behavioural impacts from the domestic violence. Mothers were in poor mental health, and/or had lower feelings of confidence, control and skill in their parenting. This meant that their supports were only partly meeting their children's emotional needs. Children seemed largely unaware of their mothers' emotional needs, and did not seem to be taking action to meet them.

Obstacles to pattern 3 mothers supporting their children

There were four issues that made it difficult for these mothers to focus on supporting their children:

1. Poor mental health in some of the mothers (Charlie and Marie).
2. Behavioural problems caused by the domestic violence, such as children's lack of respect for their mothers.

3. The destructive interactional patterns that mothers and children had developed during the domestic violence, such as frequently arguing or rarely speaking.
4. Children continuing to have low levels of understanding of the domestic violence (in particular, not realising that the perpetrator/father had been abusive and was responsible for his own behaviour).

As will be reiterated, pattern 3 mothers and children urgently required professional supports to deal with these issues, to help bring about positive changes in their mother-child relationships.

These mothers expressed a wish to support their children, but it appeared to be difficult to convert this wish into significant practical changes. Marie and her children had only recently separated from the perpetrator/father:

I just keep trying to reinforce it all the time: 'we don't hit, we don't kick, we don't call names; that's wrong', and I just try and encourage all the kind behaviour that you want, so, yeah, I've got a lot of work to do.
(Marie, mother)

Similarly, more than 5 years after separating from the perpetrator/father, Charlie was aiming to reduce aggression between her children by imposing a set of household rules:

When Tanya and Ross have an argument, he'll hit her and she'll hit him back – not a tap; she's bruised him and marked him. But it's very rare now; they don't fight so much. And that's sort of because I've had a rules list. (Charlie, mother)

Like Marie, Charlie still felt there was more to do. She felt that Tanya and Ross were still angry, expressing a disrespectful attitude towards each other and to her.

Kimberley was making attempts to help Elle, who was withdrawn rather than angry, but seemed unsure how to do so. At times, she suggested that she tries to 'force' Elle into interacting and socialising more:

Elle still doesn't venture out that much. She really just stays in the house.

I try and force her to go. There's this carnival that I wanted her to help out with, and she was in the troop last year but doesn't want to this year.

I don't know why. (Kimberley, mother)

Yet, later in the interview, Kimberley said that she preferred not to force Elle into doing things:

I said: 'it's important for you to socialise with other kids, because you need to start being more streetwise and stuff'. But I don't want to force her to do things that she doesn't want to do. (Kimberley, mother)

Perhaps this shift in answer came from a concern that her previous remark could be viewed as 'bad mothering'. Alternatively, it may be that Kimberley adopts both approaches to increasing her daughter's socialising, but prefers non-forceful interventions.

Kimberley's comment that she did not fully 'know' or grasp her daughter's feelings ('...I don't know why') was echoed by Ria, who was unsure whether 7-year-old Carly was absorbing her positive encouragements:

Obviously she's my world, and I hope she knows that. I do tell her, but whether it goes in or not, I don't know. But I'm sure it does in some way.
(Ria, mother)

Overall, these mothers appeared to have difficulties in understanding how to help their children to move forward from the negative emotional/behavioural impacts of the domestic violence.

Also, these mothers often had fewer informal sources of practical assistance, emotional support, or advice about their parenting. (They tended to report difficult relationships with their own mothers.) They therefore needed additional professional help, both to strengthen their relationships with their children and to build their knowledge and skills in dealing with the situations that they faced.

Ways that pattern 3 mothers supported their children

As discussed above, these mothers applied particular strategies to help their children to overcome the emotional/behavioural impacts of the domestic violence. However, as we have seen, they reported that these acts were only partly successful. Compared with patterns 1 and 2, pattern 3 mothers appeared to have a limited repertoire of supports. Unlike with pattern 1, each mother mentioned only a small number of the strategies discussed in chapter 8:

1. Obtaining professional help for their child/ren, often through Women's Aid (Kimberley, Charlie and Marie);
2. Acting either to prevent their child/ren's post-separation contact with the perpetrator/father, or attempting to minimise its emotional and behavioural effects on the child/ren (Marie and Ria);

3. Adopting everyday strategies to:
 - (a) Enhance their child/ren's confidence (Ria only);
 - (b) Show them affection (Ria only; Marie wished to do this in the future), and/or;
 - (c) 'Be there' for them (Charlie was attempting this; Marie wished to do this in the future).

These supports, which in pattern 1 appeared to produce high levels of well-being, may have been only partly effective in pattern 3 because of the on-going problems in the mother-child relationship.

Marie and Ria were attempting to become more openly affectionate with their children. Both had found it difficult to bond with their new-born children during the domestic violence (see chapter 6):

I've struggled with giving her affection; I've struggled showing her love; I've struggled just cuddling her. It's been a gradual thing that I've started doing. At first, the only time we would cuddle is at bedtime – I would tell her I loved her – but now I'll just grab her and be like: 'God, I love you', and you can see the [positive] difference it's had on her. (Ria, mother)

I think, because I've sort of almost shut them out, I've got to – um – I just want us to all have fun. I'm still really struggling with that, because we haven't had fun for years, so it's about letting down my barriers and starting to have fun. (Marie, mother)

Both of these mothers were therefore pushing themselves emotionally to give more everyday supports to their children.

Marie and Charlie also discussed 'being there' for their children, mentioning that they wished to 'be there' to a greater extent:

I want to build that up, so they feel safe and secure that they can trust me and that I'm there for them. (Marie, mother)

I've always told them: 'If there's any problems, talk to me. I'm not gonna shout at you, or anything like that: we're just gonna talk things through'. I let them know that I'm always there for them. I think that's the most important thing: that you can talk to your child, and they can talk to their parent, and showing them lots of love and care. (Charlie, mother)

These initiatives were well-intentioned, but not necessarily effective. It was too soon to tell whether Marie's children would eventually feel that she was 'there for' them. The strains in Charlie's relationships with Tanya and Ross seemed to be undermining her attempts to 'be there', as conversations deteriorated into arguments:

We just have problems talking to each other. It's always, like, shouting at each other. It's the way she talks...I have no patience with her anymore...Bad attitude, both of them, really bad...She doesn't understand about life; what we've got to do to have a life, money-wise...Nothing's changed with my daughter. She said she'd change her attitude when we moved house, but she's gone back to her old self again, talking to me like a piece of dirt, things like that. So she's never changed. (Charlie, mother)

Given this situation, it may have been difficult for Tanya and Ross to have confidence that Charlie could 'be there' for them without shouting, although it was not possible to confirm this through interviews with these children.

This inability to 'be there' was also discussed by Ria. She was aware that her capacity to 'be there' for Carly was undermined by their constant tendency to argue with each other:

We don't really talk. I think that's why I said we both need more support, because she's probably scared to talk to me, because I'm always ratty and she probably thinks that I'll get upset. (Ria, mother)

As with Charlie and her children, Ria and Carly had developed a destructive pattern of shouting and arguing. Ria acknowledged, with frankness, her feelings of self-hatred when she shouted at Carly:

Obviously she's my world...Carly's my rock, and I wouldn't be there without her. [...But] we clash a lot and argue...It's very repetitive. It's like we're going round in circles. I can't explain, but it's sort of like what I've been through, and how it's been round in circles. It's like me and Carly have also got this cycle of a relationship where – and she even says it herself – she says: 'you can't be nice for just one second', or: 'you can't just be not stressed for one second', and it's sort of like I'm the abuser, but verbally, shouting all the time. It's really strange, and I hate myself because we can't just get on. (Ria, mother)

This quote suggests that these problems were dominating their relationship. Yet, at other times during her interview, Ria also implied that she and Carly might

have been beginning to interact more constructively. She described how she had guided Carly in a measured way with a recent school project:

We made puppets of Ariel and Eric, because we both like *The Little Mermaid*. So it's something we share, and we really enjoyed that, and we helped each other, and it was very positive. I praised her, because usually she'll get so frustrated that she can't do something, but this time I kept calm, and I was like: 'no Ria (laughs), don't stress; just show her, guide her and don't take over'. And it worked out; so I found something that we both enjoyed. (Ria, mother)

Ria also spoke positively about providing Carly with organisational structure in her daily life, and consistent practical care:

I want to be a good mum. I'm always wanting to be perfect, and I know there's no such thing. I want to be supportive, loving, give her everything that she needs, but I struggle with that side – the affection, the showing part. The way I show is through structure and consistency, and making sure she's clothed and fed. (Ria, mother)

These were forms of support that many other mothers took for granted and barely mentioned in their interviews. Yet they appeared to be vital to Ria as areas where, compensating for her difficulty in showing affection, she could effectively support her child.

Pattern 3 children's feelings about support

It was only possible to interview two pattern 3 children, Elle and Leah. As discussed in chapter 5, Carly and Ross were too young, while Tanya declined to

participate. However, interviewing Elle and Leah was helpful, when combined with their mothers' interviews, in suggesting that the on-going communication difficulties in these families were a key reason for pattern 3 children appearing not to give supports to their mothers:

We had a bond, and that bond got broken, and now it's about rebuilding that bond and that trust between mother and daughter...Once that's broken, it's hard to build that back up again...She just shut down quite a lot, not really said much. (Kimberley, mother)

It was just clearing up and that. [Mum and I] didn't talk or anything...It's wasn't like mum was there before; I don't know...It felt like she wasn't there, because I didn't spend time with her or anything. (Leah, 11)

As these comments indicate, in pattern 3 mother-child relationships it was not usual or expected to be open about feelings or to seek support from one another. This may be another reason why Kimberley had difficulty understanding Elle's motivations (see above). This lack of understanding may also have applied to Elle's view of Kimberley's feelings, making it difficult for Elle to provide Kimberley with support.

Leah appeared to be slightly more aware of her mother's feelings; for example, discussing how she had recently realised that Marie had been 'putting on a brave face' during the domestic violence to cover her unhappiness:

Leah: [During the Ontario-based programme] you got a mask, and you had to draw a happy face, but you had to pull a sad face and then put it on, so you're covering what you're feeling – so you're feeling really sad but you look happy. So we just talked about that, about what Mum was

feeling with Dad – she was pretending she was happy with Dad, but she wasn't really happy.

Emma: Um, yeah. Is that the first time that you'd sort of thought about that before?

Leah: (nods.)

It was therefore possible that Marie and Leah's relationship, at an early post-separation stage at the time of interview, would become more supportive in future. Marie, in her interview, similarly expressed a wish to become more open with her children now that she was living apart from the perpetrator/father. Kimberley and Elle, however, were still having difficulty in being open with each other, 4 years after Kimberley's separation from the perpetrator/father.

Overall, it seemed that, at the time of interview, pattern 3 children had little sense that they *could* provide support to their mothers; it was not something that occurred to them in the context of their relationships. What they wanted was to spend more time with their mothers:

I'd like us to spend more time together. (Elle, 14)

I'd like us to spend more time and just, like, experience things and do things together that we haven't done before. (Leah, 11)

These data suggest that close mother-child relationships may come in different forms. Unlike the other children in the study, these pattern 3 children did not appear to see a connection between being close and being supportive. They wished to have closer relationships with their mothers, but did not seem to believe that this involved actively providing their mothers with support. This is in marked contrast to pattern 1 families, where closeness and supportiveness

appeared to be interconnected. This is a distinction that future research may help to illuminate further.

Pattern 3 mothers' feelings about support

Charlie, Ria and Kimberley described being generally discontented about the current status of their mother-child relationships, yet hoped that these relationships could improve in the future. They particularly wished to communicate more with their children:

I think if I change, and then they change, that's the only way we can move on: and that's why I've got them counselling now, to get things moved on. I've got a new house, a new school, so that's the way I'm thinking about moving on and talking more. (Charlie, mother)

I think it's definitely a good time to start talking about it to her. Now she's got that bit of understanding of how it's impacted on me, she can hopefully talk to me about how it's impacted on her. (Ria, mother)

It's better than it was before. We're communicating better, and we're happier as well...She still doesn't say much...It's not going to change overnight, and there's a lot more work to do. (Kimberley, mother)

As we can see from these extracts, these mothers saw improvements in their mother-child relationships largely as bilateral processes. They saw it as their responsibility to take the initial steps (by organising counselling, or by opening conversation about the impacts of the domestic violence); yet they were aware that their children would also need to respond (for example, Ria hoped that Carly

would begin to talk to her in return), with both they and their children making reciprocal contributions to the improvement of the relationship.

Only Marie, separated from the perpetrator/father more recently than the others, was daunted by the progress that needed to be made to transform her distant and strained mother-child relationship:

I've got to put my barriers down to feel like it's okay now, it's safe to love my kids and be emotionally attached to them...It's hard, because there's so much with the kids that I need to do...Me and my kids haven't got that good a relationship really, so I'm going to find it hard to tackle it now...But I think it's still early yet. (Marie, mother)

As Marie noted, she still felt 'like an empty shell', and so, at this early stage of her own recovery, it was a challenging task to improve her mother-child relationships.

Finally, pattern 3 mothers stressed their desire to increase their and their children's level of mutual supportiveness. They described a good mother-child relationship as one with two-way communication, shared feelings, and a commitment to care for one another:

It's trusting each other and communicating – no matter what you're going through, I think it's best to communicate with each other and don't hide anything. If you hide certain things, and something's going off, then how are you gonna know what that person's going through? So I think it's best if you communicate; it's really truly important. (Kimberley, mother)

What makes a good [mother-child] relationship? A relationship, I think, is when you feel at ease talking to each other. (Charlie, mother)

I just want us to be happy and, like, working together, because at the minute some of the kids are, like, working in the opposite way, and I'm hoping to build it up, because there's a lot of children and I want us to support each other, and be close, and be there for each other, and look after each other, and look out for each other. (Marie, mother)

These extracts highlight how mutual support was a key area of on-going concern for pattern 3 mothers. Kimberley wanted Elle to trust her, and to trust Elle enough to 'open up' with her. Charlie believed that both she and her children needed to feel at ease talking to each other. Marie wished that every member of her family could work together to support and help one another. These issues of mutual supportiveness will be explored further in the next chapter.

Conclusion

This chapter has shown the variability and complexity of the supports exchanged by mothers and children recovering from domestic violence. Starting with pattern 2 (perhaps the most complex pattern), mothers were in relatively poor mental health, and their children's support was therefore more 'high-stakes', with potentially serious consequences if their support was not provided. One child, 15-year-old Ali, may have been assuming an 'adult role', acting as a father to his younger brothers.

Nonetheless, pattern 2 families did not fit within a model of 'parentification' associated with children feeling burdened and being forced to behave like adults. Pattern 2 children tended to describe themselves as giving support willingly to their mothers. Pattern 2 mothers, including Ali's mother, reported continuing to support their children in ways that appeared to be at least partly meeting their children's emotional needs. Furthermore, pattern 2 children

(with the exception of Ali, who could not be interviewed) tended to describe their mother-child relationships as mutually-supportive and beneficial. (None reported, for example, counselling her through depression.) They discussed giving supports to their mother in ways that were consistent with their ages, such as by making her laugh or participating with her in 'fun' activities.

Pattern 1 mothers and children also stated unambiguously how their well-being was increased by the supports that they were exchanging. These children appeared to have few worries about their mothers, and praised their mothers' parenting. Their supports (such as watching films with their mother on the sofa) were generally light and positive, and low-stakes. In contrast with pattern 2, these children seemed to be aware that their mother could cope without their support, and felt little pressure to provide it.

There was also a link in pattern 1 between mother-child supportiveness and recovery. In participants' accounts of their recovery processes, it was evident that advances in mothers' and children's individual recoveries made them more able to support one another. In-line with the findings of Haight *et al.* (2007) and Goldblatt *et al.* (2014) (see chapter 4), recovering mothers gained a greater ability to support their children to understand the domestic violence and move forward. Children who had once been angry with their mother were also now abler to interact with her positively. Rather than arguing or remaining silent, they were encouraging her and helping to rebuild her confidence. These findings partly address research question 3b (see chapter 1): Mother-child supportiveness could positively influence well-being and recovery.

In several cases, it appeared that pattern 1 represented the mothers and children who had been the most fortunate in receiving helpful supports. If pattern 2 mothers and children had received such supports, then mothers' mental health may have been stronger, children's supports less high-stakes, and mother-child relationships less conflictual.

The link between mother-child supportiveness and recovery was also highlighted in pattern 3, where a lack of supportiveness was linked to a lack of recovery and major on-going problems in mother-child relationships. These relationships had been severely damaged by the domestic violence, and by subsequent obstacles to recovery. In these families, low levels of supportiveness appeared to impact negatively on mothers' and children's well-being. Nonetheless, pattern 3 mothers appeared to be aware of the importance of supportiveness in moving forward. They discussed how they wanted their relationships to improve, and commented on the increased mutual supportiveness that they wished to develop with their children.

Pattern 1 families tended to gain the most from professional supports to repair their mother-child relationships. Although some pattern 2 and 3 mothers and children had also received such help, which often came through Ontario-based programmes run by Women's Aid or the NSPCC, they tended to gain less from it. This may have been because pattern 2 and 3 mothers and children were still struggling with their individual recoveries. In-keeping with the triangle of recovery proposed in chapter 7, it can be seen that the 'mother's recovery' and 'children's recovery' sides the triangle were not developed enough for the other side, 'recovery of the mother-child relationship', to be addressed effectively.

Personal confidence was a key to the difference between pattern 1 and patterns 2 and 3. As Tew *et al.* argue (see chapter 4), relationships can help to promote recovery when they 'situate the person as someone with abilities, and where interactions provide concrete experiences of being able to exert influence, offering opportunities to rediscover personal agency and efficacy' (2012:452). Pattern 1 mothers' and children's successes in giving support to one another may have been raising their personal 'agency and efficacy'.

By contrast, mothers and children within patterns 2 and 3 were in need of more specialised professional support. They were often making efforts to support

each other, but, in the absence of such professional help, these efforts were not ameliorating their poor mental health and/or strained relationships. This may have had with negative effects on the personal confidence and self-efficacy of these mothers and children, as the supports that they were providing were producing only minimal improvements. These findings suggest complex answers to research question 3b (see chapter 1): well-being may not only be positively or negatively affected by *levels* of support, the *effectiveness* of supports may also be crucial.

The findings presented in this chapter also correspond with the hypothesis proposed in chapter 3. Chapter 3 argued that mutually-supportive mother-child relationships may be seen as a sign of healthy recovery from domestic violence rather than as a maladaptation. The caveat suggested by this chapter, though, is that for this to be the case, two other factors need to be present: (a) good maternal mental health, with mothers feeling positive and able to cope, and (b) low levels of problems/conflicts in mother-child relationships.

These findings are relevant for theory, policy and practice. In theoretical terms, they indicate the benefits of adopting the bilateral model more widely across the children and domestic violence research field. This model can be used, as it has been here, as a framework to distinguish between different levels, contexts and impacts of support between abused mothers and children. In further research, more emphasis could be placed on how these different patterns emerge in the aftermath of domestic violence. In particular, studying pattern 1 – support in contexts of positive recoveries – may help to emphasise the need for more families to receive help to achieve better outcomes.

In policy and practice terms, it seemed likely that the problems of patterns 2 and 3 could be overcome if the families received greater supports to assist their recoveries. Families such as these may benefit from practitioners who not only assist them to recover, but who also enable them to recognise their

potential and build on their own skills in providing effective, appropriate supports to others. This may help them to establish positive identities and increase their feelings of efficacy.

Chapter 10: Mutual mother-child support during the recovery phase

Introduction

As shown in the previous chapter, by the time of interview (an average of 5 years since mothers had separated from perpetrators/fathers), there was some degree of mutual supportiveness in approximately two-thirds of the mother-child relationships studied. Drawing on the bilateral model (Kuczynski *et al.* 1999; Kuczynski 2003; Kuczynski and De Mol 2015), and partly addressing research question 3 of this thesis (see chapter 1), this chapter will analyse the views expressed by mothers and children about this supportiveness. It will demonstrate that children, especially, described good mother-child relationships as ones that were actively maintained by both parents and children. Mothers expressed positive feelings about the mutuality in their relationships with their children, but also emphasised the actions that they performed exclusively as parents.

Some of the data also suggest that mutuality would still have been present had these mothers and children not experienced domestic violence. This finding is aligned with those studies that see mutuality as a normal and positive feature of 'ordinary' parent-child relationships (Morrow 2003; Oliphant and Kuczynski 2011), especially in divorced, single-parent households (Arditti 1999; Smart *et al.* 2001), rather than as a sign of dysfunction. Also, in-line with the findings of Arditti and Wuest *et al.* (2004), several mothers and children in this study commented positively that they saw each other not just as parent and child but as friends, or – in the case of some mothers and daughters – as sisters.

Children's thoughts and feelings about mutuality in their mother-child relationships

Children tended, in their interviews, to describe their relationships with their mothers using words such as 'strong', and collective pronouns such as 'we', 'us', and 'our'. They suggested that a strong relationship is rich in shared interpersonal knowledge, and that both parties are responsible for protecting the relationship from outside interference:

We have a strong relationship; we know lots about each other. (Bob, 12)

Our relationship is strong because we're really close, and we wouldn't let anything interfere with our relationship. (Katie, 12)

Some children expressed the mutuality within their mother-child relationship by turns in different answers – suggesting the *receiving* of support in one answer ('Mum's a good source of support'), and, in another, the *giving* of it ('I think I help Mum by [doing this, this and this]'). Others referred to the reciprocity of their relationship more directly:

We support each other. (Roxie, 11)

We've helped to make each other feel better; we've given each other support throughout the whole thing. (Grace, 14)

Grace gave a particularly detailed account of the ways that she and her mother supported each other during their recovery phase. Her descriptions indicated

that they had, when facing a problem, jointly shared their feelings with each other before agreeing how to respond:

When her and my dad used to have [post-separation] arguments, she'd be able to just sit down and talk about it, and Mum would tell me how she felt, and I'd tell her how I felt, and we'd just be able to help each other and tell each other what we should do. (Grace, 14)

Children who had close, mutually-supportive relationships with their mother discussed how they wished it to continue that way in the future:

When I'm older I want to be a success, thriving, with my jobs, whichever I have. And move to Ireland with Mum, and have own my own horses and have loads of animals. (Shannon, 10)

[In the future I want] to stay close with Mum. (Jane, 11)

[Mum and I] have a strong relationship, and we'll have that forever. (Grace, 14)

Children's positive feelings about such relationships were particularly evident in their responses to the question: 'If you had to imagine a really good relationship between a child and a mother, what would it be like?'. Children tended to describe relationships based on mutual friendship, trust and communication:

Spending time together, doing things; talking about what it was like before, and what might happen in the future. (Leah, 11)

To be honest with each other, and to tell them everything. (Vince, 13)

The mother is fun, firm but fair, and they trust each other, and most importantly they love each other. (Shannon, 10)

You should always talk to each other, and if you need to say anything you should be able to say it to them. (Katie, 12)

They share stuff with each other; they're nice to each other. (Jane, 11)

Bonded – she's always there when you need her, and you're always there when she needs you. (Joe, 14)

It should be fun, close, and they need to talk to each other. (Roxie, 11)

Being able to trust them; being able to tell them what's going on in your life; being able to support each other through everything. (Grace, 14)

There are two significant points about this finding. Firstly, it tallies with research on a broad community sample by Morrow (2003), whose interviews with nearly 200 children of similar ages to this study (8-14 years-old) found that: 'Nearly half of the older children included elements of mutual support in their definitions of what families are for, using phrases such as "caring for each other", "sharing" and "looking after each other"' (Morrow 2003:120). The occurrence of such phrases and sentiments in the extracts quoted above suggests the 'normality' of these children's conceptualisations of good mother-child relationships.

Secondly, the extracts quoted above cover a wide range of children in the sample. These included older and younger children, boys and girls, and children

experiencing patterns 1, 2 and 3 (that is, children with mothers in good and poor mental health, and children with high and low levels of conflict/closeness with their mothers). Despite the differences in these children's actual mother-child relationships, they all described, as their ideal, mother-child relationships that were reciprocal and/or mutually-supportive.

Mothers and mutuality

Mothers were less likely than children to discuss mutuality in their interviews, and focused more on their parenting. This was perhaps because 'parenting' is the dominant discourse that shapes thinking about mother-child relationships. As Ambert (2013) argues, notions that parents are the ones who control, influence and shape parent-child relationships are deeply embedded in Western societies. This often means that people struggle to think in bilateral terms about parent-child relationships, or to recognise the influence that children have on parents.

However, as noted in the previous chapter, mutuality was discussed by the pattern 3 mothers experiencing the most on-going problems in their relationships with their children. These mothers expressed their wish for greater mutuality, especially when asked: 'If you had to imagine a really good relationship between a child and a mother, what would it be like?'. Here, both Charlie and Kimberley suggested relationships that are open and communicative, and where both parties are able to trust and confide in each other:

It's trusting each other and communicating. (Kimberley, mother)

What makes a good [mother-child] relationship? A relationship, I think, is when you feel at ease talking to each other...I think the most important thing is that you can talk to your child, and they can talk to their parent, and showing them lots of love and care. (Charlie, mother)

This was in-keeping with their wish, expressed at other points in their interviews, that their relationship with their children would in future become more mutually communicative and supportive.

When other mothers were asked the question of what makes a good mother-child relationship, they focused on what the parent should do for, and with, their children. They explained their own roles, with an emphasis on 'do's and don'ts':

Being honest – up to a point – protecting them from the bad things in life. Letting them be children, but giving them independence. Letting them make mistakes, and being there to pick up the pieces. (Lauren, mother)

You need to read between the lines, read their minds, and just be there. (Bella, mother)

Trust, love, friendship, fun; and I do think you need to give boundaries to your child, and routine is so important. And just enjoy each other, you know? Being a parent should be fun; being a kid should be fun. Don't do what you think you 'should' do; do what you and your child want to do. (Ellie, mother)

Love and listening to them; doing stuff together like games; having fun; caring for them; putting them before you. (Sybil, mother)

Though there are some references here to mutuality (in Ellie and Sybil's suggestions about 'friendship', 'enjoying each other', and 'doing stuff together'), the focus overall is placed on mothers' abilities to guide their children; for

example by knowing that their child is making a mistake but letting them make it anyway.

However, it was evident at other times in the interviews that many mothers in the sample also valued the reciprocity and supportiveness between themselves and their children:

I'd say we are considerate of each other, we're sensitive to each other's feelings and emotions, and I'd say we have fun. (Isobel, mother)

We all share our feelings now. It's better. (Akeela, mother)

I enjoy my daughter; my daughter enjoys me. (Ellie, mother)

We've been supportive of one another. We encourage each other: 'you can do it'. We try to bump each other's confidence up, you know, which is important. We give each other space, and we don't judge one another. (Eloise, mother)

Overall, then, these mothers: (a) did believe that there were some important actions within mother-child relationships that are taken exclusively by mothers, such as setting boundaries and guiding children's development; but also (b) valued mutuality and reciprocity in their relationships with their children, seeing it as an important part – though not the only important part – of mother-child relationships.

Mutuality as heightened by the domestic violence?

As previously discussed, many of the findings of this chapter are aligned with non-domestic violence studies that show children's agency and active roles within parent-child relationships (Arditti 1999; Morrow 2003; Oliphant and Kuczynski 2011). This raises the question of whether it was the experiences of adversity that created the supportiveness between the mothers and children in this study, or whether this mutuality would have been present regardless. Strong answers are not possible here, as the question only became apparent during the data analysis phase, and data had not been purposefully collected about the issue.

However, one mother, Ruby, did suggest that the closeness in 'normal' families is heightened in families with experiences of domestic violence. In difficult times, she said, families naturally respond by 'coming together as a unit':

Definitely there is an interdependence between us, but I think there would be in a normal family without the violence anyway – but perhaps not at such a critical level...I think you come together as a unit because of the domestic violence, so our unit was me, Katie and Thomas...so we probably came together and strengthened up, like families do in a time of crisis. (Ruby, mother)

This notion of 'coming together as a unit' suggests a way of understanding close and supportive mother-child relationships in contexts of domestic violence. Such relationships may form partly as a coping strategy that helps mothers and children to survive 'a time of crisis'. Further studies could explore this process in relation to families going through other forms of adversity.

Mutuality, interdependence and independence

Two notable themes that emerged during families' discussions of mutuality and closeness were interdependence (being close and relying on each other) and independence (being comfortable doing things separately). Mothers and children commonly discussed how, in positive ways, children's independence and peer friendships ran alongside their close relationships with their mothers:

Katie goes into town now with her friends, because she wants more independence. I think generally our relationship has shifted more towards Katie being independent, but she's still around a lot. (Ruby, mother)

[Jane and I] are very close...Jane is massively grown up, mature and independent...The children are happy in everything they do, they're well rounded, they do lots of sports and other clubs, they have lots of friends. (Alison, mother)

[Mum and I] have a strong relationship; we know lots about each other...I think I have a lot more freedom now because I'm older. I've been working harder in school. I've got better friends. They'll help me; let me have a laugh and things; we go places. (Bob, 12)

As these comments suggest, many mothers' and children's recoveries had reached a stage where they could function happily without each other, besides enjoying close relationships together.

There was only one mother, Ellie, who expressed concerns about the interdependence between her and her daughter (10-year-old Shannon). Ellie felt that their closeness was positive, but that it would be healthier for them to also become more independent and able to function separately:

Things that are good are: we have a very close relationship, and a very open relationship. I think the things that aren't so good would be that we are both very dependent upon each other, really. To a large extent, we're like sort of one person, and if we spend a long time away from each other then we both get quite anxious and miss each other. I think that's because we've been together more or less constantly through all the domestic violence, and then moving to different addresses and whatever, so we are hypersensitive to each other's feelings and needs and probably, well definitely, very overprotective of one another. I think that's good, but it's also bad, you know, for Shannon. I think that she needs for me to maybe let her go a little bit more, and let her start growing up, but it's very difficult. (Ellie, mother)

Elsewhere in her interview, Ellie mentioned that Shannon was still so traumatised that, at home, she refused to be on a different floor of the house to Ellie, did not like to be left alone in a room, and was sharing a bed with her mother.

This interdependence may have reflected the extreme violence and prolonged fear that Ellie and Shannon had experienced during the domestic violence and post-separation period. After leaving, there were occasions when they believed that they were safe, only to be re-attacked by the perpetrator/father. They had been in a position to recover for only one year prior to their interviews, and were still at a relatively early stage of the process. It seemed likely, then, that their interdependence would decrease over time.

This process may have already begun at the time of interview. Ellie mentioned that Shannon had recently attended a school trip that involved an overnight stay, and had started to walk home from school independently. Ellie

also described how, over the last year, she and Shannon had progressed from having little engagement with their community to having a joint social life:

We've started to have our own social life together. We've started going to storytelling events at the library, we've been to the hairdressers together, [and] we've been out for a meal a couple of times, which is really, really nice. (Ellie, mother)

At Ellie's and Shannon's early stage of recovery, attending events together was a progressive step. It may have been too difficult at this stage to engage with the outside world separately. By engaging with it together, they appeared to be helping each other to recover from the traumas that they had faced in a manageable way.

Beyond parent and child?: 'Friends' and 'sisters'

A final theme in the data was some mothers' and children's references to their relationships as being akin to those of friends or sisters. In-line with the findings of Arditti (1999) and Wuest *et al.* (2004), this was usually discussed positively, either as being better than a straightforward parent-child relationship or as a normal aspect of children growing older:

Eloise and John –

We'd go shopping together. It was just nice. He's my son, but he once said: 'Mum you're *more* than my mum, you're my best friend'. And that's how he was to me too – my friend. (Eloise, mother)

John: [If I could pick three words to describe Mum, they would be:] loving; considerate; a friend.

Emma: Could you tell me a bit more about the ways that you're friends as well as mum and son?

Eloise: I think we can tell each other anything.

John: Yeah we can tell each other anything.

Ellie and Shannon –

We've started going to storytelling events at the library, we've been to the hairdressers together, [and] we've been out for a meal a couple of times, which is really, really nice, so we're like best friends. (Ellie, mother)

Ruby and Katie –

Emma: You said that you and Katie are kind of like sisters and like friends. Could you tell me a little bit more about that?

Ruby: Well, going shopping for clothes or make-up, or doing face masks. Even if she goes into town with her friends, she always brings me a 99p present. Until very recently, it was like our cord had never been cut. She didn't know there was a difference between me and her, and she used to struggle with going to school – she wanted to be home with me. So now it's nice that she's got that independence, but she's not disappeared altogether. We're like sisters.

These extracts suggest that friend- and sister-like qualities in mother-child relationships partly came from enjoying activities together as a pair. Beyond this, the meaning appeared to differ in different families. Eloise and John indicated that they felt like friends because they could be more open with each other than traditional parents and children (particularly around issues such as sex and relationships). For Ruby, a sisterly parent-child relationship with her

adolescent daughter was associated, not with being connected ('like our cord had never been cut'), but with establishing a greater balance between independence and connection.

There was a strong association between friend- and sister-like relationships and children's increasing maturity. This was expressed especially when mothers talked about how they envisaged their future relationships with their children:

It's nice that she's got that independence, but she's not disappeared altogether. We're like sisters, and I suppose that will carry on the older she gets. (Ruby, mother)

I want things to carry on as they are – for us to keep communicating, [to] keep that friendship that we've got. I see me and my mum as best friends, and can see that kind of relationship developing between me and Grace, and me and Zoe, in the future. (Lauren, mother)

Overall, then, the mothers and children in this sample appeared to regard these friend- or sister-like aspects of their relationships as enhancements, and hoped that they would continue in the future.

There was only one mother, Ria, who used the term 'sisterly' in a negative way. She indicated her own struggle to use parental authority by discussing her and her daughter Carly's 'sisterly' tendency to argue with each other:

We've not really got that mother-daughter relationship; it's more like a sisters' relationship. We clash quite a lot. It's just a constant battle, mine and Carly's relationship. Like I say, we're very sisterly. We shout all the

time, she's even started shouting [back], and I think one time she actually said she hates me and that hurt. She acts so much older than what she is. She's only 7 but she acts like a 15-year-old. She's very grown up. (Ria, mother)

As discussed in chapter 9, Ria and Carly's relationship had a high level of on-going conflict, was not mutually-supportive, and would have benefited from professional support. Ria's comments imply that their relationship was sisterly because they were reacting to each other in similar, adolescent ways.

By contrast, other mothers who described having sister-like relationships with their daughters were also clear about their on-going roles as mothers. As we saw in chapter 9, Ruby described the multiple ways that she guides her children:

Lots of love, lots of praise to balance out any discipline you've got to do. Lots of silliness. Distraction instead of telling them off sometimes. Honesty, consistency, routine. Good boundaries, but fair boundaries. I think you've not got to sweat the small stuff. Manners: teach them to do the right thing, say sorry and to learn from their mistakes, and let them make mistakes. Lots of fresh air. Make the telly time special family time. And teamwork: stick together. (Ruby, mother)

This extract indicates Ruby's high levels of parenting confidence and skill. The differences between Ria's and Ruby's families suggest that friend- and sister-like relationships within this study may have been most positive when they existed *alongside* strong parent-child relationships. It was when they were occurring *instead of* parent-child relationships that they became problematic.

Conclusion

Most of the mothers and children in the sample expressed positive feelings about mutual supportiveness. In-keeping with the findings of the studies cited earlier, some reported seeing one another not only as a parent or child, but as a 'friend' or 'sister' too. This was discussed by mothers and children as an enhancement of the conventional parent-child relationship. Mothers and children often associated these friend- or sister-like relationships with closeness and trust; or with healthy development and children's progress towards maturity and independence in adulthood.

Mothers' and children's discussions of good mother-child relationships centred on ideas of mutuality and reciprocity. Children discussed 'doing things together', 'talking together', and 'supporting each other through everything'. Where children had such relationships with their mothers, they often expressed a hope that these would continue into the future. Mothers associated togetherness with 'having fun', sharing rather than 'bottling up' feelings, and meeting each other's emotional needs.

There was no evidence that mutual support was undermining mothers' parenting abilities. On the contrary, the interviews suggested that mothers were often engaged in relationships of mutual support while setting boundaries for their children and guiding their development. Mutuality also usually co-existed with children being independent, increasingly engaged with the outside world, and having friendships with peers besides being close with their mother.

These findings, showing that mutual supportiveness was occurring between many of the mothers and children in the study, are unusual within domestic violence research. Little previous work in the field has identified or explored the positive benefits of mutual support between mothers and children. Often, the giving of emotional support by children has been seen negatively as a sign of 'parentification' (Holden 2003; Holt *et al.* 2008). As argued throughout

the thesis, this negative framing derives from the influence of the unilateral model of parent-child relationships. Drawing instead on a bilateral model, this chapter has indicated that many of the mothers in this sample were continuing to support their children while also receiving support from their children in return.

Using the bilateral model, we have gained a sense of where mutuality fitted within the broader mother-child relationships in the study. Mutual support represented one (though not the only) important aspect of these mother-child relationships. It was at its most positive when it happened alongside effective parenting. It was not generally about one-off events, such as a session of confiding thoughts and feelings to each other. Rather, as in 'ordinary families' (Oliphant and Kuczynski 2011), it was built into relationships in daily life through routine events – such as offering a cup of tea or expressing affection – or shared activities such as watching films together on the sofa. Mutual support could take the form of a generally supportive attitude, being linked to the ways that mothers and children interacted with one another, and their reciprocal feelings.

By the time of interview, many of the mothers and children in the study had developed warm, caring relationships with one another. This may be indicative of the effective formal and informal supports that many of these families had engaged with during the recovery phase. It can also be viewed, however, as a testament to these mothers' and children's determination to replace destruction and abuse with positivity and love.

Chapter 11: Conclusion

The impacts of domestic violence on children have been researched for over twenty years (Jaffe *et al.* 1990; Mullender and Morley 1994; Epstein *et al.* 1995; McGee 2000; Graham-Bermann and Edleson 2001; Mullender *et al.* 2002; Kitzmann *et al.* 2003; Levendosky *et al.* 2006; Hester *et al.* 2007; Overlien and Hyden 2009; Graham-Bermann *et al.* 2009; Hague 2012; Overlien 2013; Swanston *et al.* 2014). During this time, research has also explored women's experiences of mothering during and after domestic violence, and also the impacts of domestic violence on mother-child relationships (Mullender *et al.* 2002; Humphreys *et al.* 2006a; Radford and Hester 2006; Krane and Davies 2007; Damant *et al.* 2009; Morris 2009; Lapierre 2010; Rhodes *et al.* 2010; Humphreys *et al.* 2011; Iwi and Newman 2011; Semaan *et al.* 2013; Goldblatt *et al.* 2014). Yet, despite the substantial bodies of research that have developed in these areas, little attention has been given to the potential benefits of supportiveness between abused mothers and their children (for exceptions see Mullender *et al.* 2002; Wuest *et al.* 2004).

The feminist and child-centred exploratory study presented in this thesis was based on interviews with 15 mothers and 15 children from the UK. The intention was to deepen understandings of mother-child supportiveness in contexts of domestic violence. This concluding chapter reviews the key findings of the study, and considers the contributions that they make to existing knowledge. It contains four elements:

1. Summary of the main findings of the thesis, addressing the research questions.
2. Discussions of the contributions made by the study to knowledge within the relevant fields of literature.
3. Presentation of the implications for policy and practice.
4. Study limitations, proposals for directions of future research, and final comments.

Each of these elements will now be addressed in turn.

Summary of findings

In answering the first set of research questions, the study has found that supportiveness was an important element of many of the mother-child relationships in the study. However, far from being a uniform phenomenon, supportiveness occurred in many different ways, some potentially more effective than others. Supportiveness could also occur during: (a) the period when the domestic violence was on-going; and (b) the period after mothers and children had separated from perpetrators/fathers and were attempting to recover.

As discussed in chapter 6, during the domestic violence, all of the mothers in the sample were attempting to support their children to some degree. The extent of this support varied, depending on how the domestic violence situation was affecting and constraining mothers (see the discussion of research question 2, below), with some mothers able to provide only limited supports and others able to support their children in multiple ways.

The data collected in chapter 6 also suggested that, in approximately half of the mother-child relationships studied, children were supporting their mothers during the domestic violence. The extent of this support once again varied

depending on the circumstances experienced by children (see, again, the discussion of question 2), with some children providing more regular and effective supports than others. There was also a degree of mutual support occurring in approximately half of the mother-child relationships studied, and mutual support was a particularly strong element of the relationships in 4 of these families.

Across the study, mother-child relationships tended to become more supportive during the period after separation from perpetrators/fathers. As we saw in chapter 9, by the time of interview (on average, 5 years after separation), two-thirds of the mothers and children were providing each other with high-to-moderate levels of support. Notably, the mother-child relationships that had been most damaged by the domestic violence (and contained the lowest levels of support while the domestic violence was on-going) were the ones that still contained the lowest levels of support post-separation. The mothers in these families wished to build closer, more supportive relationships with their children, and were in need of further professional help to assist them in this process.

Chapters 6 and 8 identified and discussed the techniques used by the mothers and children within this study to support one another. These techniques broadly fell into two categories: (1) supports relating to the domestic violence, and (2) general supports. Within the first category, mothers and children provided emotional supports aimed at countering the emotional abusiveness of perpetrators/fathers and the distress produced by their behaviours. They also attempted to protect each other from physical violence. The impacts of these supports may have been mixed. For example, although a mother may have been comforted by their child hugging them and saying 'it's going to be okay', hearing this message may possibly have delayed mothers from separating from perpetrators/fathers. During the post-separation phase, mothers and children

focused on repairing emotional and behavioural impacts and helping one another to recover.

By contrast, the second category of supports aimed to de-emphasise the domestic violence. Mothers and children still living with perpetrators/fathers often strove to maintain elements of normality and positivity in their daily lives. This was mainly achieved by creating time and space to enjoy each other's company away from the abuse. During the recovery phase, these general forms of support continued, with mothers and children helping to increase the positive elements of one another's daily lives and creating emotionally supportive family climates.

The place of supportiveness within these mother-child relationships was complex. While the domestic violence was on-going, supportiveness was often present alongside anger, guilt and confusion, creating complex and mixed relationships. Mothers and children could suppress direct communication about perpetrators/fathers' behaviours as part of their coping strategies. Yet it was also common for mothers and children to support one another without explicitly acknowledging or discussing the domestic violence. This was particularly possible when their supports focused on creating space and time away from the abuse. Mothers and children could therefore be doing much to minimise the negative impacts of the domestic violence without ever actually discussing what was happening. Relationships often continued to be mixed during the recovery phase, when supportiveness could run alongside on-going conflicts and problems between children and mothers.

In relation to the second set of research questions, chapter 6 identified five factors that influenced levels of supportiveness between the mothers and children in the study while the domestic violence was on-going. These factors related to the direct behaviours of perpetrators/fathers, and also to the impacts of these behaviours on mothers and children. They were:

1. The perpetrator/father's own relationship with, and treatment, of the children.
2. The types of domestic violence committed by the perpetrator/father.
3. Children's level of understanding of what was happening, and their feelings towards the mother and the perpetrator/father.
4. The effects of the domestic violence on mothers.
5. The perpetrator/father's attitude towards the mother-child relationship.

Among the mothers and children studied, the levels of closeness, distance and supportiveness in the mother-child relationship were linked with how these factors were configured. For example, mothers and children were generally closer and more supportive when:

1. The perpetrator/father was usually hostile towards the children.
2. The children saw the perpetrator/father commit physical violence against the mother.
3. The children understood that it was the perpetrator/father's behaviour that was wrong.
4. The mother retained her ability to connect with the children, even when experiencing poor mental health in other ways.
5. The perpetrator/father was less interested in undermining the mother-child relationship, or was unable to do so because the children could recognise and reject his attempts to turn them against their mother (due to 1-4 above).

Importantly, however, not all of the factors needed to 'point in the right direction' for mothers and children to feel close. Often, it was one or two of the

factors that had the pivotal effect (for example, the perpetrator/father's hostility towards the children, or the mother retaining her ability to connect with the children). Different factors were pivotal depending on the circumstances in different families; attention needed to be paid to context.

Chapter 7 also identified several factors that tended to produce improvements in mother-child relationships once mothers and children had separated from perpetrators/fathers. Firstly, obstacles to recovery needed to fade from mothers' and children's lives. This involved:

1. Experiencing little post-separation violence or harassment from perpetrators/fathers.
2. The child/ren no longer being distressed by exposure to the abusive parenting of perpetrators/fathers.
3. The mother and child/ren having a safe place to live where they could feel settled and secure.

In addition to these basic conditions for recovery being in place, mother-child relationships also improved when:

4. The mother and child/ren received support to process their feelings about the domestic violence, and communicate constructively with each other
5. The child/ren gained an increased understanding of the domestic violence
6. The mother began to feel more confident as a parent

All of these factors were heavily influenced by the responses families received from professionals, and the levels of support that were made available to them. Where these factors were not in place, and families had received little support,

mother-child relationships tended to fare worse. This had negative impacts on families' overall recoveries, and reduced their long-term levels of well-being.

Turning to the third set of research questions, chapters 6-10 suggested that mother-child relationships could be experienced both positively and negatively. For example, mothers could experience great happiness from their relationships with their children, but could simultaneously feel profoundly guilty that their children had lived with domestic violence. Levels of supportiveness appeared to contribute to the well-being of mothers and children in complex, context-dependant ways. Supports appeared to have negative impacts when they involved concealing thoughts or feelings that the person really wished to share.

As previously noted, supportiveness also occurred in general, everyday ways. Mothers and children in this study supported each other by, for example, spending 'quality time' together, and giving each other compliments and praise. These everyday supports appeared to contribute significantly to increasing mothers' and children's well-being. Overall, those mothers and children who had close, supportive relationships tended to describe the supports that they were exchanging in positive terms. Meanwhile, mothers whose relationships with their children were more distant and conflictual often believed that the levels of well-being in their family would increase if those relationships were to become more mutually-supportive.

Contributions to knowledge

Interdisciplinary contributions

Research into 'ordinary' families within childhood studies and family studies has recognised children's agency, and often viewed mutual supports within parent-child relationships not as dysfunctional but as commonplace and normal (Arditti

1999; Gillies *et al.* 2001; Morrow 2003; Oliphant and Kuczynski 2011) (see chapters 1 and 3). This thesis has used those findings around the normalcy of mutual supportiveness as a starting point for its own investigation of supportiveness between mothers and children with experiences of domestic violence.

Informing my domestic violence study in this way, with findings from other disciplines, has provided fresh theoretical perspectives; perspectives that may be utilised in future research into domestic violence. This thesis has found that mothers and children affected by domestic violence conceptualise good mother-child relationships in similar ways to parents and children in 'ordinary families' – that is, as relationships that are mutually-supportive. The low-stakes, everyday supports exchanged by many families in this study (e.g. spending time together, and being affectionate) can also be seen as similar to those exchanged within 'ordinary' families, and had similar positive effects. This thesis has therefore highlighted the helpfulness of taking an interdisciplinary approach, drawing on family studies and childhood studies to understand the processes occurring in families with experiences of domestic violence.

Moreover, this research contributes to the emerging trend within family studies to explore relationships not just in 'ordinary' families but also within families experiencing greater adversities. As Wilson *et al.* state, in recent years their field of family studies has 'focused on "ordinary" families [while] more difficult family experiences have often been considered in specialized social work and social policy "silos", such as safeguarding children, rather than in sociological work' (2012:111). Wilson *et al.* move beyond this focus to explore the experiences of young people whose parents misuse drugs and alcohol. This thesis, exploring another type of adversity, adds to this on-going development in family studies research.

Theoretical contributions within the domestic violence field

This study primarily contributes to domestic violence research in the following ways:

- It identifies reasons why mother-child relationships become more or less supportive.
- It explores the place of supportiveness within mother-child relationships.
- It highlights the usefulness of adopting: (a) the bilateral model of parent-child relationships, and (b) coercive control-based definitions of domestic violence.
- It identifies different patterns of mother-child supportiveness that may emerge during the recovery phase.

These areas will now be discussed in turn.

It identifies reasons why mother-child relationships become more or less supportive

This thesis identifies the five main factors that, during the period of domestic violence, influenced the levels of distance, closeness and supportiveness in the mother-child relationships studied. Although these factors have all been investigated in previous studies (Mullender *et al.* 2002; Humphreys *et al.* 2006a; Radford and Hester 2006; Morris 2009; Lapierre 2010; Thiara and Gill 2011; Harne 2011; Bancroft *et al.* 2012), they have rarely been considered as a set of interlinked issues that affect mother-child relationships.

Perpetrators/fathers' behaviours were at the heart of all five factors. Three of them (1, 2 and 5) were directly related to perpetrators/fathers' behaviours; and, for the other two (3 and 4), those behaviours were an indirect cause. Placing the perpetrators/fathers' behaviours centrally was therefore

essential for understanding their effects on mother-child relationships, mothers' parenting, and children's well-being.

However, at the same time, the results of this study also highlight the importance of recognising the agency of mothers and children, and their capacity to resist perpetrators/fathers' behaviours (Semaan *et al.* 2013). Mothers and children could use their interactions with one another to reduce the harmful impacts of perpetrators/fathers' behaviours by building each other's confidence or minimising one another's distress. Not all of these participants were in a position to do this, as some experienced much higher levels of control and debilitating emotional abuse from perpetrators/fathers than others. Nonetheless, in this study it was particularly useful to combine:

- a) A conceptualisation of perpetrators/fathers as central to the impacts on mother-child relationships; and
- b) An awareness of mothers' and children's agency and potential capacity to resist these impacts, and to retain a level of closeness and supportiveness within their relationships.

It explores the place of supportiveness within mother-child relationships

Importantly, the results of this study indicated that supportiveness could be occurring even as other elements of the relationship – elements that are more frequently studied – pointed towards the relationship being 'damaged'. These other elements include: (difficulties in) communication, the (problematic) behaviour of children, and mothers' (poor) mental health (Mullender *et al.* 2002; Humphreys *et al.* 2006a; Holt *et al.* 2008; Lapierre 2010; Iwi and Newman 2011). This study has shown that children with low levels of understanding of the domestic violence could, on seeing their mother experiencing distress, act deliberately to comfort to her. Similarly, a child who often behaved in a

challenging way, and expressed little respect towards their mother, could also sometimes demonstrate love and concern by being supportive towards her. This study has therefore helped to explain how mothers and children with strained relationships may also be supporting one another.

Among the mothers and children in this study, acts of supportiveness were not necessarily prevented by poor mental health in mothers, or by the lack of communication between mothers and children about the domestic violence. There were many forms of supportiveness that did not depend on good mental health, and many supports were about *escaping from* the domestic violence rather than *talking about* it. For example, supportiveness often centred on mothers and children creating everyday time and space away from the domestic violence to be together, for example by playing together, watching a movie or going shopping when possible.

Similarly, the place of closeness and supportiveness within mother-child relationships could continue to be complex during the recovery phase. It could occur alongside conflicts, anger, and feelings of guilt between children and mothers. As 20-year-old John remarked: '[Mum and I] give each other a lot of grief, but I love her with all my heart...Our relationship can be bumpy, but we always resolve it: We're always like a rock'.

Overall, these findings suggest the potential benefits for the research field of exploring whether supportiveness is occurring, and what impacts it is having, even in circumstances where its presence seems unlikely. By emphasising what mothers and children can do, not just what they cannot, we can deepen our understandings of how mothers and children may experience, resist and recover from domestic violence.

It highlights the usefulness of adopting: (a) the bilateral model of parent-child relationships, and (b) coercive control-based definitions of domestic violence

As explained more fully in chapter 2, this thesis adopted two theoretical models: (a) the bilateral model of parent-child relationships advocated by Kuczynski *et al.* (1999), Kuczynski (2003) and Kuczynski and De Mol (2015), and (b) a model of domestic violence as a form of abuse involving on-going coercive control (Stark 2007) that 'is interwoven through time and intimate space into [women and children's] daily lives' (Morris 2009:417).

Using these two models as theoretical frameworks, the study was able to begin from the propositions that:

- a. It is normal and beneficial within 'ordinary' families for parents and children to support one another.
- b. It may therefore also be at least partly beneficial for mothers and children living with and recovering from domestic violence to support each other.
- c. These supports may occur in the realms of the everyday, through commonplace activities and interactions.

Accordingly, the study developed a framework (presented at the beginning of chapter 9) for exploring the different levels, contexts and potential impacts of the supports exchanged between children and mothers who have separated from perpetrators of domestic violence:

Levels

- a. The number of strategies of support used in the family (see the previous chapter for a discussion of these strategies)

- b. The number of strategies used by the mother, the number used by the child/ren, and the overall balance of support (i.e. is the mother or child/ren giving most support?)
- c. The presence/absence of mutual support

Contexts

- d. The status of the mother's mental health and the impacts mothers and child/ren believe this is having on their relationship
- e. The presence/absence of other people outside the immediate family who can support the mother and child/ren
- f. The 'stakes' of child-to-mother support, whether low, e.g. cheering her up but not having major worries about her, or high, e.g. supporting a suicidal mother
- g. The level of on-going problems/conflict in the mother-child relationship

Impacts

- h. The degree to which the support is effective in meeting the mother's and child/ren's emotional needs
- i. The mother's feelings about the support they give and/or receive
- j. The child/ren's feelings about the support they give and/or receive

Using this different approach also revealed the multitude of subtle, everyday supports provided by many of the mothers and children in the study. These could include simple acts such as a mother being attentive to how the child's school day had been, or a child making their mother a cup of tea when she was tired. These behaviours were much-valued by the mothers and children in the study for the love and care that they demonstrated. Small activities, such as watching a movie or going to the hairdressers together, brought fun and

positivity into mothers' and children's daily lives in ways that promoted their recoveries.

Such supports have rarely been considered in discussions of children supporting their mothers in contexts of domestic violence (for an exception, see Wuest *et al.* 2004). Instead, as argued in chapters 1 and 2, more attention has been focused on children providing adult-like, high-stakes supports, such as physically protecting their mother, giving her emotional support when she is distressed, taking over the 'caring roles' in the family, telephoning police, and giving her information about refuges (Epstein and Keep 1995; Holden 2003; Holt *et al.* 2008; Rhodes *et al.* 2010; Stanley *et al.* 2012; Hague 2012). When researchers focus on these acts, there is a tendency to discuss child-to-mother supportiveness in negative terms, as dangerous, inappropriate for children, burdensome, and indicative of parentification. In the majority of previous studies in this field, child-to-mother supportiveness has been seen as a sign of 'dysfunctional' family dynamics.

In this study, however, child-to-mother supports have rarely signified dysfunction within the family in a simplistic way. This is because, firstly, such supports usually occurred in contexts where mothers were continuing to parent their children. There were no families within this study where children were parentified, i.e. supporting their mother but not receiving supports from her in return (Hooper 2007). Secondly, there were no families where the only forms of support were high-stakes, adult-like ones. Rather, where such supports did occur, there were usually everyday, general and age-appropriate supports occurring too, creating complex, multifaceted situations. Adopting a bilateral model of parent-child relationships and a coercive control-based model of domestic violence enabled this rich and nuanced picture to emerge.

It identifies different patterns of mother-child supportiveness that may emerge during the recovery phase

Using the framework outlined above, it was also possible to distinguish between three patterns of supportiveness that developed between post-separation mothers and children.

- *Pattern 1: Support in contexts of positive recoveries*

As discussed in chapter 9, pattern 1 was the most positive pattern, and was experienced by the 8 families who were most well recovered at the time of interview. These families were characterised by high-to-moderate levels of mutual support. Mothers were in generally good mental health, child-to-mother support was low-stakes, and mothers and children expressed positive feelings about the supportive nature of their relationships.

- *Pattern 2: Support in contexts of limited recoveries*

Pattern 2 was more complex. Because the 3 mothers within this pattern were experiencing poor mental health, some of their children's support was high-stakes, with potentially negative impacts for them. (However, there were minimal data demonstrating negative impacts from high-stakes child-to-mother supports – see chapter 9.) Yet these families also gave each other general, low-stakes supports, and children expressed positive feelings about the supports that they and their mother exchanged.

- *Pattern 3: Struggling recoveries, struggling relationships*

Finally, within the 4 families that fitted pattern 3, only limited supports were occurring. Mother-child relationships were still significantly damaged by the domestic violence. Mothers in these families expressed a wish that their mother-child relationships would become more mutually-supportive in future.

In previous qualitative research, there has been little systematic discussion of the different trajectories taken by mother-child relationships during the recovery phase. Therefore, identifying these three patterns is helpful in developing this knowledge about the different feelings, experiences and needs of mothers and children who are going through different patterns of recovery, and supporting each other to varied extents.

Implications for policy and practice

As discussed in chapter 5, this is a small-scale study based on a non-representative, purposeful sample of 15 mothers and 15 children. As such, this research is most suited to contribute by 'inform[ing] the conceptual undercurrents of future research' (Moe 2009:247). Nonetheless, the study does provide in-depth information about issues that have relevance for policy makers and practitioners. The policy and practice implications that arise from the study will therefore be highlighted below, with the acknowledgement that the experiences of the study's participants cannot be assumed to be representative of broader populations of domestic violence survivors.

Supporting not just individuals but relationships

The results of this study suggest that participants would benefit from an expanded provision of professional supports that work *jointly* with mothers and children to help strengthen their relationships, such as the Ontario-based Community Group Programme (Nolas *et al.* 2012), also pursued in Scotland as CEDAR, 'Children Experiencing Domestic Abuse Recovery' (Sharp *et al.* 2011). As discussed in chapter 7, a 'triangle' of supports was often needed to help mothers and children to recover. Supports for mothers and for children as individuals (e.g. one-to-one counselling) certainly contributed to recovery. However, for an

optimal recovery, support for mother-child relationships – the third side of the triangle – was often also required.

Providing supports for mother-child relationships is important because, as we saw in chapter 8, mothers and children were playing, or wished to play, positive roles in each other's recoveries. In their daily lives, much of mothers' and children's recoveries occurred through mother-child relationships. Besides being a prime potential source of love for each other, many mothers and children continued to reassure one another about the past, present and future, to rebuild each other's confidence, and to assist one another to understand the past and overcome its emotional/behavioural impacts.

The mothers and children who were most effective in this were often those who had received a 'triangle' of supports. For example, a mother who had received support to improve her relationship with her child, as well as to strengthen her mental health, could then proceed to help her child to recover, and the recovering child could help her/his mother to recover even further. Providing such support could therefore create a self-sustaining upward spiral of recovery, with mothers and children helping each other long after professional interventions had finished.

Framing children and mothers as 'recovery-promoters'

This study advocates that practitioners should recognise and develop, as part of their intervention, mothers' and children's abilities to support one another's recoveries in positive and age-appropriate ways. This could include practitioners helping mothers and children to talk to one another regularly, share their feelings in age-appropriate ways, think about how each other are feeling, respond sensitively and positively to one another, and spend 'quality time' together.

Framing mothers and children as 'recovery-promoters' may help to counter the tendencies in contexts of domestic violence to focus on mothers' failings and ignore children's actions (Sullivan *et al.* 2000; Mullender *et al.* 2002; Lapierre 2008). It may also have benefits for mothers and children themselves. The majority of mothers and children in this study had been unaware that they *were* helping one another to recover. They had done it instinctively, or, in mothers' cases, it was seen as 'what mothers should do'. These domestic violence survivors had rarely received any positive acknowledgements of their achievements in this area. Being affirmed for their recovery-promoting skills may therefore have helped in building their positive identities. As Tew *et al.* (2012) suggest, for individuals going through a process of recovery, seeing themselves as someone with the ability to positively influence others can enhance feelings of self-efficacy.

The remainder of this section will explore in more detail the types of professional supports that were beneficial to mothers and children in this study, in terms of helping them to begin recovering and promoting each other's recoveries (see chapter 7).

Creating the basic conditions for recovery

Unfortunately, for the majority of families interviewed for this research, it took an average of 1-2 years after separating from perpetrators/fathers (and sometimes much longer) to create the conditions necessary for recovery to begin (that is, safety, security, and freedom from on-going distress). These families believed that improvements in the following areas of policy and practice were particularly necessary:

Being quickly and appropriately provided with appropriate accommodation and emergency funds upon leaving perpetrators/fathers:

Mothers and children who had been forced to flee their homes required safe and suitable accommodation, and also the immediate financial assistance necessary to survive there, to move forward with their lives.

More powers for police to deal effectively with post-separation harassment, stalking and threats from perpetrators/fathers:

The families interviewed were finding that, at the time of their participation (2011-2012), police responses such as giving perpetrators/fathers a warning or a non-harassment order were often ineffectual. Mothers and children were usually unable to begin strengthening their relationships with each other, or helping each other recover, when they were living under threat from perpetrators/fathers.

The family court system becoming more aware of the potential harms caused by children having on-going contact with a father who has perpetrated domestic violence:

Contact was a major obstacle to recovery for the majority of families in this study. The findings of this study have suggested that perpetrators/fathers' behaviours towards mothers and children are deeply connected. The vast majority of perpetrators/fathers had parented in an emotionally abusive way, and some had used physical violence against their children. Contact was almost always distressing for children, and was often a direct impediment to their recoveries.

The path to recovery

Once at least some of these basic conditions were in place, the mothers and children in this study often gained the emotional capacity to begin repairing the damage of the past. There were several facets that helped in putting mothers and children on this path:

Supports for mothers to strengthen their mental health in the aftermath of the domestic violence

When successful, these supports helped mothers to reach a stage where they felt positive about their lives, empowered, and able to cope. These supports also had long-term beneficial impacts for children. However, when mothers had not been effectively supported in this area, this was having negative impacts on both them and their children.

Supports for mothers and children to understand that the domestic violence was not their fault, and, in the case of children, that it was not their mothers' fault

Misplaced feelings of blame were experienced by many of the participants in this study, and these had a disabling effect on their ability to recover. However, when families had received appropriate support (frequently through Ontario-based programmes), the long-term effects were often transformational.

Supports to increase children's and mothers' understandings of what abusive behaviour is, and how to judge the appropriateness and validity of peoples' comments about it

These supports (usually delivered through counselling) had been particularly helpful for some of the children in this study, because they had increased children's understandings of domestic violence. They had also helped children to identify when their father's parenting was emotionally abusive. Furthermore,

these supports had increased children's ability to resist adults' (usually perpetrators/fathers') attempts to manipulate them. By contrast, several children in the study had not received such support to recognise abusive behaviour. This had left them vulnerable to on-going abuse from their fathers, impeding their recoveries.

Targeted help for children to help them to move forward from any behavioural problems they had developed as a result of their experiences

Among those children in the study who had become overly aggressive or withdrawn, some had received supports to overcome those problems (delivered through Ontario-based programmes or by Women's Aid outreach workers). These children had benefited greatly. Those who had not, however, were often experiencing long-term, on-going problems that were negatively impacting on their lives and their relationships with their mother.

Strengthening mother-child relationships

Once mothers and children were on the path to recovery, the strengthening of their relationships could play a vital role in increasing and maintaining their long-term well-being and their ability to continue promoting each other's recoveries. The families in the study particularly benefited from supports that focused on the following areas:

Increasing communication and the sharing feelings

Mothers and children in the study who had been emotionally disconnected from each other by living with domestic violence tended to lack: (a) experience of sharing their feelings, and (b) an understanding of how to talk about the past without upsetting each other. Support in these areas (provided by Ontario-based

programmes, or by counselling) was effective in promoting this communication and furthering recovery.

Support for mothers and children to break out of negative interactional patterns developed during the period in which they had lived with domestic violence

Many years after separating from perpetrators/fathers, several of the mother-child relationships in the study were still locked in destructive patterns. These included patterns of high conflict, with frequent arguments, and withdrawn patterns of barely speaking to one another. If they had received support to break out of such patterns, it may have helped those relationships to become greater sources of well-being and resilience.

Supports for mothers to increase their confidence and self-esteem as parents

Experiencing many years of domestic violence and strained relationships with their children had often depleted mothers' confidence as parents. Sensitive and non-judgemental support for parenting was helpful to several of the mothers in this study, assisting them to support their children more effectively.

Overall, then, effective responses and interventions in the areas outlined above were often pivotal. They influenced whether the mothers and children in the study recovered from their experiences of domestic violence, or whether they were left with on-going problems. These included poor mental health, aggressive or withdrawn behaviours, strained family relationships, and an inability to distinguish between abusive and non-abusive relationships. Each of these issues may continue to have long-term (and costly) negative impacts. This highlights the importance of providing supports that can guide these domestic violence survivors onto positive recovery paths.

Study limitations and directions for future research

There are several limitations pertaining to this study which must be considered. Firstly, the overall sample size (30 participants) is relatively small, though comparable with many other qualitative studies in this field (e.g. Baker 2005; Stanley *et al.* 2011). Though this study did not aim to recruit a representative sample, it should be noted that certain groups are under-represented, including ethnic minority families and families living in rural areas. In terms of method, semi-structured, one-to-one interviews were the only approach used to collect data. In retrospect, some participants, particularly the handful of children aged 12-14 who seemed shy or nervous (see chapter 5), might have felt more comfortable conveying their experiences by drawing or using photographs or diaries (Baker 2005).

Also, it was not possible to gather data with a child in every family. As discussed in chapter 5, in 4/15 families it was only possible to interview the mother. The data from the 'mother-only' section of the sample were analysed alongside data from families where the mother and 1 or 2 of her children had been interviewed. It was decided to analyse all the data in one 'analytical pot' mainly because the themes emerging from the 'mother-only' section of the sample were in-line with what mothers said in the 'mother and children' section. For example, mothers whose children were interviewed, such as Marie, gave accounts of how perpetrators/fathers undermined their mother-child relationships that were almost identical to those of mothers whose children were not interviewed, such as Ria and Charlie.

Although I believe that including the 'mother-only' interviews and analysing them alongside the 'mother-child' interviews was beneficial for the study overall, it also produced some limitations that would not have been present had these interviews been excluded or analysed separately. Firstly, it cannot be known whether the non-interviewed children would agree with their

mother's accounts (an issue that was borne in mind throughout the analysis process). Different results may have been obtained if these children had been interviewed. Secondly, the data used to produce the findings of this thesis vary in the extent to which they are triangulated. The data from 26 of the interviews are triangulated to a greater extent than the data from the 4 'mother-only' interviews.

Additional limitations arose due to the fact that, in some cases, it was not possible to interview each mother and child separately and privately. In 3 families mothers and children requested to be interviewed one at a time, but in the same room as one another. One family also requested to be interviewed jointly, with mother and child answering questions at the same time. Privacy is an issue which often arises when researching in family homes, a setting where researchers may need to be flexible and make compromises (Bushin 2007; Gorin *et al.* 2008). However, the interviews conducted without privacy may have been skewed in some ways by mothers and children tailoring their accounts to avoid displeasing each other. To help the reader to make a judgement about the data resulting from these interviews, the families where there was a lack of privacy are named in this thesis.

Finally, it is important to reflexively consider the impact that I as the researcher may have had on the research. As discussed in chapter 5, this study is grounded in the critical-emancipatory paradigm, drawing upon realist ontology and subjectivist epistemology (Denzin and Lincoln 2005). It is therefore acknowledged that my biography, views and personality will have shaped the data in particular ways. My response to this has been to attempt to remain open to findings that do not 'fit' with my own ideas, to ground my analysis of the data as much as possible in participants' own words, and to try not to go beyond what was warranted by the data, although it is acknowledged that I am unlikely to have been completely successful in achieving this.

Given the limitations discussed above, it would be helpful for further research to be conducted exploring if the findings of this study have relevance for wider populations of domestic violence survivors. In particular, additional research could test whether the results of this study apply to samples of families:

- a. of a greater ethnic diversity;
- b. with children under 10 and over 14;
- c. who have had little or no contact with formal services, including those living in deeply rural areas.

The results of this research could also be developed via additional studies, including on the following ten topics:

1. The factors influencing levels of closeness, supportiveness and distance between mothers and children living with domestic violence.
2. The ways that mothers and children are affected by, and resist, the full range of perpetrators/fathers' abuses at the everyday level (e.g. emotional abuse, financial abuse, and the control of time and movement).
3. Mothers' and children's feelings about the supports that they exchange within their relationships.
4. The different patterns of support that may develop between mothers and children during the recovery phase.
5. The views of others, such as grandparents and friends, about how domestic violence impacts mother-child relationships, and how mothers and children can act to support each other.
6. How children are affected by giving their mothers supports at different levels and intensities, and in different contexts.

7. The roles that mothers and children may play in promoting each other's recoveries from domestic violence.
8. The similarities and differences in mother-child supportiveness between families with experiences of domestic violence, and families in other contexts.
9. Professionals' awareness of, and perceptions of, mother-child supportiveness.
10. The effectiveness of different intervention strategies for strengthening mother-child relationships, including supports that encompass the 'triangle' of individual and mother-child recoveries.

Developing point 10 in more detail, it may be particularly helpful to conduct action research to investigate the impacts of providing a triangle of supports, and of practitioners encouraging mothers and children to promote each other's recoveries. Such future research could have significance for policy and practice.

Finally, this study has contributed to opening up new theoretical ground in two ways. Firstly, it has argued that the wider field of domestic violence research would benefit from adopting a bilateral model of parent-child relationships (Kuczynski *et al.* 1999; Kuczynski 2003; Kuczynski and De Mol 2015; Katz 2015). Secondly, it has suggested the need for this field to move beyond a focus on how children are affected by 'incidents' of physical violence; and instead to utilise the more advanced definitions of domestic violence that emphasise coercive control and forms of abusiveness that permeate mothers' and children's everyday lives (Stark 2007; Morris 2009).

It is therefore hoped that future research will utilise this theoretical ground and continue to develop knowledge about why, how, and to what extent:

- a. Children and mother-child relationships are damaged by, and are resilient against, domestic violence.
- b. Mothers and children support each other when living with, and recovering from, domestic violence (in varied levels, intensities and contexts).
- c. Mothers' and children's well-being and recoveries are affected in complex positive/negative ways by these supports.

Closing comments

The importance of strengthening mother-child relationships

The findings presented in this thesis are largely positive in outlook. Whenever I have mentioned my study to peers, for example during conversations at academic conferences, they almost invariably remarked that, on a personal level, it must have been really 'hard', 'tough' or 'depressing' to research in this area. My reply was that this had not been my experience.

Instead, I found it inspirational to hear about the improvements and transformations that had occurred within many mother-child relationships. Even the mothers and children with the least-recovered relationships wished to improve them, and were looking for ways of achieving this. Overall, the stories of the families in this study suggest what can be achieved by adult and child survivors of (often horrific) domestic violence, particularly when they are able to engage with helpful professional supports.

What this study suggests is the importance of expanding the formal supports aimed at helping mothers and children to rebuild and strengthen their relationships and move forward with their lives. The comments of children and mothers themselves suggest what can be accomplished through investment in this work:

Now we just have a laugh, and they're being kids and I'm being a mum so they've got boundaries and stuff...Now we can just sit together and spend time together...I'd say we're considerate of each other, we're sensitive to each other's feelings and emotions, and I'd say we have fun. (Isobel, mother)

Well I think we're much happier now, and we're settled, and we just love life at the moment. It's brought us all closer and we're all much happier that we were then, because then we were all dull and didn't like life much, and now we're all happy. We feel we can do anything we want. I'm just really happy. (Katie, 12)

Me and Leah, our relationship now is sort of 'knitting together' like as a mum-daughter relationship, where it didn't before because he wouldn't allow it to. And all the kids are happier, and they're hugging me – they never hugged me before – and they're running in, flinging their arms around me, saying: 'mummy, mummy, mummy!' (Marie, mother)

The importance of mutual support

What has been largely missing in the domestic violence research field, until now, is an understanding of how mutual supports between mothers and (active) children may increase both mothers' and children's well-being and recoveries. It has been suggested that stronger mother-child relationships are linked to greater resilience and well-being in children (Mullender *et al.* 2002; Gewirtz and Edleson 2007; Letourneau *et al.* 2007; Stanley 2011). However, research into these beneficial effects has largely been confined to examining the parenting of mothers and its effects on (passive) children.

This thesis has made the link between mothers' and children's supportiveness towards each other and their recoveries from domestic violence. Within this study, mutual supports were especially positive when mothers were in relatively good mental health, children were confident in their mothers' ability to cope, and the family was embedded in wider networks of support. By conceptualising children as active and agentic contributors to mother-child relationships, this study has shown that mutual supportiveness may play significant, positive roles in enhancing mothers' and children's well-being and recoveries from domestic violence.

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Appendix 1 Ethical Approval Form

School of Sociology & Social Policy Research ethics checklist for staff and students

This form must be completed for all research projects, research assignments or dissertations/theses which are conducted within the School and involve human participants. You must not begin data collection or approach potential research participants until you have completed this form, received ethical clearance, and submitted this form for retention with the appropriate staff.

If the study is based only on a review of documentary sources already in the public domain and involves NO fieldwork of any sort, then this form does not need to be completed.

Completing the form includes providing a brief summary of the research in Section 2 and ticking some boxes in Section 4. Ticking a shaded box in Section 4 requires further action by the researcher. Two things need to be stressed:

- Ticking one or more shaded boxes does not mean that you cannot conduct your research as currently anticipated; however, it does mean that further questions will need to be asked and addressed, further discussions will need to take place, and alternatives may need to be considered or additional actions undertaken.
- Avoiding the shaded boxes does not mean that ethical considerations can subsequently be 'forgotten'; on the contrary, research ethics need to be informed - for everyone and in every project - an ongoing process of reflection and debate.

The following checklist is a starting point for an ongoing process of reflection about the ethical issues concerning your study.

SECTION 1: THE RESEARCHER(S)

To be completed in all cases

Title of project: Exploring the experiences of children and mothers who support each other through domestic violence

Name of principal researcher: Emma Katz

Status: ☐ Undergraduate student
☐ Postgraduate taught student
☒ Postgraduate research student
☐ Staff

Email address: lqxelka@nottingham.ac.uk

Names of other project members: N/A

To be completed by students only:

NAME IN CAPITALS: EMMA KATZ

Student ID number: 4117188

Degree programme: PhD Social Policy and Administration

Module name/number: N/A

Supervisors: Saul Becker and Kate Morris

SECTION 2: RESEARCH WITHIN OR INVOLVING THE NHS OR SOCIAL CARE

Does this research involve the recruitment of patients, staff, records or other data through the NHS or involve NHS sites or other property?

- ☐ Yes
☐ / No

If you have answered **YES** to the above question, ethical approval **MUST** be sought from the relevant NHS research ethics committee. Evidence of approval from such a committee **MUST** be lodged with the School office prior to the commencement of data collection.

Does this research involve the recruitment of users, staff, records or other data through social service authorities (children and adult services) or involve social service sites or other property?

- ☐ Yes
☐ / No

If you have answered **YES** to the above question, then you must check whether or not the relevant social service authority has its own ethical scrutiny procedures. If appropriate, evidence of approval from such an authority **MUST** be lodged with the School office prior to the commencement of data collection.

Where external ethical approval has been obtained from a NHS committee or social service authority completion of this form is optional.

SECTION 3: THE RESEARCH

Please provide brief details (50-150 words) about your proposed research, as indicated in each section

1. Research question(s) or aim(s)

In what ways do children and mothers support each other (reciprocity) while experiencing/surviving domestic violence?

How do children and mothers in domestic violence situations understand their relationships with each other over time?

How do these relationships and the mutual support provided between children and mothers evolve and change over time?

How do the actions and behaviours of perpetrators/fathers influence the nature of, and the support given within, mother-child relationships?

In what ways if any does the mother-child relationship contribute to children and mothers being able to 'escape' domestic violence?

How do children and mothers experience professional interventions or proceedings and do these interventions help children and mothers through domestic violence, and to 'escape' DV?

2. Method(s) of data collection

In order to explore these questions, semi-structured qualitative interviews will be conducted with mothers and children (aged 11 +) who have escaped domestic violence and are currently living in refuges or accessing other services such as support groups. In order to avoid placing participants in danger, only mothers and children who are currently safe from the abuser will be included. Drawing on the methodological and ethical recommendations of previous studies which have interviewed children about their experiences of domestic violence (Mullender et al, 2002; Baker, 2005; Eriksson and Nasman, 2010), these interviews will be carefully planned to protect the welfare and safety of participants and minimise potential distress.

3. Proposed site(s) of data collection

The first preference of this research will be to interview participants in a private room at the organisation through which they were accessed, such as a refuge or a Women's Aid building. However, there may be times where the only viable option will be to interview mothers and children in their own homes (see section 6 for discussion).

4. How will access to participants be gained?

Participants will be accessed through third sector organisations that support domestic violence survivors. These organisations will be contacted and given summaries of the proposed research. If they agree to facilitate access then potential participants may be contacted in a variety of ways depending on the preference of the organisation. These may include distributing letters outlining the research to mothers and enabling them to contact me if they are interested in learning more, explaining my research in person during a visit to the organisation, worker-led introductions etc.

Mothers will be given details of the research first to enable them to discuss the study with their children and decide whether participation would be suitable. If mothers confirm that they and their child/ren are interested in participating then meetings will be held with children to talk about the research. Because the use of gatekeepers can make potential participants feel pressure to cooperate, the voluntary nature of the research and participant's rights to say no or withdraw at anytime will be emphasised. Informed consent will be gained from both mothers and children (see section 6) and recorded on consent forms.

SECTION 4: ETHICAL CONSIDERATIONS

Please answer each question by ticking the appropriate box. All questions in section 4 **must** be answered.

4.1 General issues

	Yes	No
Will this research involve any participants who are known to be vulnerable due to:		
Being aged under 18?	/	
Residing in institutional care (permanently or temporarily)?		/
Having a learning disability?		/
Having a mental health condition?		/
Having physical or sensory impairments?		/
Previous life experiences (e.g. victims of abuse)?	/	
Other (please specify)...		/
Will this research expose participants to any significant risk of physical or emotional harm?		/
Will this research involve any physically invasive procedures or the collection of bodily samples?		/
Will this research expose the researcher to any significant risk of physical or emotional harm?		/
Will this research involve deception of any kind?		/
Will this research involve access to personal information about identifiable individuals without their knowledge or consent?		/
I will inform immediately the School's Ethics Officer if I change the method(s) of data collection, the proposed sites of data collection, the means by which participants are accessed, or make any other significant changes to my research inquiry	/	

4.2 Before starting data collection

	Yes	No
I have read the <i>Research Code of Conduct</i> guidelines of the University of Nottingham, particularly section 4 on Data, and agree to abide by them: http://www.nottingham.ac.uk/ris/local/research-strategy-and-policy/Code_of_Conduct(Versions_3_January_2010).pdf	/	
For those intending to work with children and/or vulnerable adults: I have read the University's <i>Guidance on arrangements for Protection of Children and Vulnerable Adults</i> http://www.nottingham.ac.uk/wideningparticipation/downloads/Guidance%20on%20the%20Protection%20of%20Children%20and%20Vulnerable%20Adults.pdf	/	
My full identity will be revealed to all research participants	/	

All participants will be given accurate information about the nature of the research and the purposes to which the data will be put	/	
All participants will freely consent to take part, and this will be confirmed by use of a consent form. (An example of a consent form is available for you to amend and use.)	/	
One signed copy of the consent form will be held by the researcher and another will be retained by the participant	/	
It will be made clear that declining to participate will have no negative consequences for the individual	/	
It will be made clear that participation is unlikely to be of direct personal benefit to the individual	/	
Participants will be asked for permission for quotations (from data) to be used in research outputs where this is intended	/	
Incentives (other than basic expenses) are offered to potential participants as an inducement to participate in the research. (Here any incentives include cash payments and non-cash items such as vouchers and book tokens.)		/
For research conducted within, or concerning, organisations (e.g. universities, schools, hospitals, care homes, etc) I will gain authorisation in advance from an appropriate committee or individual. (This is in addition to any research ethics procedures required by those organisations, particularly health and social care agencies – see Section 2.)	/	

4.3 During the process of data collection

	Yes	No
I will provide participants with my University contact details, and those of my supervisor, so that they may make get in touch about any aspect of the research if they wish to do so	/	
Participants will be guaranteed anonymity only insofar as they do not disclose any illegal activities	/	
Anonymity will not be guaranteed where there is disclosure or evidence of significant harm, abuse, neglect or danger to participants or to others	/	
All participants will be free to withdraw from the study at any time, including withdrawing data following its collection	/	
Data collection will take place only in public and/or professional spaces (e.g. in a work setting). If fieldwork takes place in the respondent's home please outline in Section 6 what steps will be taken to ensure your safety. You may wish to consult the SRA researcher safety guidelines: http://www.the-sra.org.uk/guidelines.htm#safe		/
Research participants will be informed when observations and/or recording is taking place	/	
Participants will be treated with dignity and respect at all times	/	

4.4 After collection of data

	Yes	No
Where anonymity has been agreed with the participant, data will be anonymised as soon as possible after collection	/	
All data collected will be stored in accordance with the requirements of the Data Protection Act 1998	/	
Data will only be used for the purposes outlined within the participant information sheet and consent form	/	
Details which could identify individual participants will not be disclosed to anyone other than the researcher, their supervisor and (if necessary) internal and/or external examiners without their explicit consent	/	
I will inform my supervisor and/or the School's research ethics officer and (if necessary) statutory services of any incidents of actual or suspected harm of children or vulnerable adults which are disclosed to me during the course of data collection	/	

4.5 After completion of research

	Yes	No
Participants will be given the opportunity to know about the overall research findings	/	
Data must be submitted to the School office and will be retained (in a secure location) for 7 years from the date of any publication based upon them, after which time it will be destroyed.	/	
All hard copies of data collection tools and data which enable the identification of individual participants will be destroyed	/	

SECTION 5: ETHICAL APPROVAL

Declaration of ethical research

1. ***If you did not tick any of the shaded boxes in section 4 of this form, please sign and date below and get the checklist countersigned (see below).***

Keep one copy of this form for your personal records.

Students who undertake research involving primary data collection on non-dissertation modules must submit the authorised checklist along with their assessed work to Alison Haigh in B20.

Undergraduate dissertation students who intend to conduct fieldwork should include **two hard copies** of the checklist with their dissertation plans submitted to dissertation tutors in the autumn. Then assuming the checklist is signed and authorised by their dissertation supervisor, **students should confirm this authorisation in a section discussing ethics in the text of the dissertation.** Failure to do so may incur penalties when the dissertation is marked.

Principal investigators and other researchers, including postgraduate research students and postgraduate taught students, should also keep a copy on file and hand another copy to Alison Haigh in B20.

By signing this form you are agreeing to work within the protocol which you have outlined and to abide by the University of Nottingham's Code of Research Ethics. If you make changes to your protocol which in turn would change your answers to any of the above questions then you **must** complete a new form and submit a copy to Alison Haigh or for undergraduates to your tutor/supervisor.

Signed Emma Katz Date 1.6.2011

2. ***If you ticked any of the shaded boxes in section 4 of this form, then you must complete SECTION 6 (overleaf). You must then discuss all ethical issues arising, record the outcome and have this form countersigned (see below)***

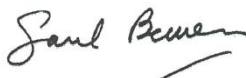
Authorisation

This section **must** be completed in **all** cases – by type of investigator the form must be countersigned by the following personnel:

- Undergraduate student → module convenor or tutor/project supervisor
- Postgraduate taught student → dissertation supervisor
- Postgraduate research student → supervisor/upgrade panel
- Staff → School Research Ethics Officer (REO)

Having reviewed the ethical issues arising from the proposed research:

- ☒ I am happy for the research to go ahead as planned.
- ☐ I have requested that changes be made to the research protocol. The principal researcher must complete and submit a revised form which integrates these changes
- ☐ This project must be referred on for more detailed ethical scrutiny. Please forward a hard copy to the School's REO
- ☐ This project is to be referred to Research Development Group for consideration (this option is for School REO only)



Signed

Date 31/05/2011



School REO...

Date 31/05/2011

Note: **any** research protocols lodged with the School office may be subject to review by the School's Research Ethics Officer

SECTION 6: FURTHER INFORMATION & JUSTIFICATION OF METHODOLOGY

One box should be completed for **each** shaded box ticked in section 4 of this form.

Ethical issue: Participants being under 18

Rationale for chosen methodology and/or how ethical issue is to be addressed:

It is very important that children's own experiences and perspectives of domestic violence are not neglected in research. Results of previous studies have also suggested that children have unique perspectives on domestic violence which can differ significantly from those of their mothers' (Mullender et al, 2002). It is therefore not appropriate to gather children's perspectives by researching with their mothers and including participants under 18 will be necessary to explore these issues. The research questions set out in section 3 will thus be addressed with a sample of mothers and children aged 11 and over. Following Mullender et al's practice, mothers and children will normally be interviewed separately to allow them to talk freely however if a participant requests that their mother/child sit in on their interview then this will be arranged. A CRB check for those working with children has already been successfully completed.

It is recognised that interviewing children (and adults) about their experiences of domestic violence requires enormous sensitivity and thought. The utmost care will therefore be taken to protect the wellbeing of participants (child and adult) throughout the research. Strategies for achieving this will include: explaining and discussing the research in understandable language, helping participants to feel empowered during the research process so they are confident to withdraw from the study if they wish and don't feel pressured to talk about things they don't want to during the interviews, conducting interviews at a gentle and responsive pace, and generally drawing on the wealth of methodological literature around conducting social research with children in practical and ethical ways (Peled, 2001; Fraser et al, 2004; Coad and Lewis, 2004).

According to Coad and Lewis "Assent is generally used to refer to the child's agreement to participation in the process when another has given consent" (Coad and Lewis 2004:11). However, it has increasingly become the practice to use child friendly language to inform potential child participants as much as possible about the research and to seek their, as well as their parent's, consent for their involvement (Fraser et al, 2004). This is therefore the strategy which this research will adopt.

Furthermore interviewing children and mothers from the same family raises particular issues around the management of consent and confidentiality. It will be very important to check that both children and mothers are comfortable and happy not just with their own but with each other's participation before any research with them goes ahead. Thus, following Mullender et al's (2002) carefully thought-out practices, once mothers understand the research, have discussed it with their children and think they would all like to be to be involved, I will ask their permission to have a pre-research chat with their child/ren.

During this chat I will use child friendly language to give information about the purposes of the research, what they and their mother's participation would involve, my policies around confidentiality, anonymity, and child-protection disclosures and that it would be ok to not get involved or withdraw from the project at any stage if they wanted to. Children will be sensitively encouraged to ask any questions they may have around these issues. If they want to go ahead I will then ask the child for their consent to participate in the research and for permission to ask their mother's consent.

Thus, mothers' consent will only be gained if children are happy with this and children's consent will only be gained if their mothers are happy with this. If either party seems concerned or unhappy about the other's participation then research will not go ahead with that family. Furthermore, it will be particularly important to assure children that their interviews will be confidential and that I will not pass on what they have said to their mothers.

Supervisor/REO's response (including whether ethical issue has been satisfactorily addressed):

Professor Saul Becker and Kate Morris (Supervisors) are happy with the way Emma is approaching the ethical issues entailed by her research.

Ethical issue: Participants having 'previous life experiences e.g. victims of abuse'

Rationale for chosen methodology and/or how ethical issue is to be addressed:

Exploring the research questions outlined in section 3 will require qualitative interviews to be conducted with those who have lived with/survived domestic violence. Research into experiences of domestic violence is particularly sensitive and will inevitably create the potential for participants to become distressed. However, a number of previous studies into difficult issues have found that, when care is taken to protect their wellbeing, participants (adult or child) rarely become distressed and often find participation to be a positive and beneficial experience (Campbell et al 2010, Eriksson and Nasman, 2010; Mullender et al, 2002).

Therefore, drawing on the successful practices of previous studies, some of the strategies for achieving this will include:

Only accessing mothers and children through organisations that support DV survivors so that participants will have support to deal with any longer-term issues which arise from their involvement in the research;

Taking care and getting appropriate advice on the wording of research summaries and interview questions so they are sensitive and respectful;

Providing a positive and emotionally supportive atmosphere in the interviews with breaks as required;

Sensitively emphasising to participants (child and adult) that they do not have to go into areas they don't want to in the interviews, that they have control over what gets discussed and it is their choice to share or not share particular experiences, thoughts or feelings;

Pausing the interviews where distress does occur, giving participants time to consider whether they wish to continue and, when appropriate, being prepared to sensitively suggest that it might be better if they do not;

Having mothers nearby during children's interviews in case they become distressed and need their support;

Providing satisfactory closures to the interviews with time for me to stay and chat as required;

Leaving participants with my contact details so they can get in touch with me after the interviews if they want;

Considering participants' feelings when producing publications about the research and;

Taking extreme care to keep participants' identities anonymous.

Furthermore, being responsible for the emotional welfare of vulnerable participants and listening to their experiences of domestic violence will be a significant emotional undertaking which is likely to create strong feelings. It will therefore be important for me to be prepared for these effects, to give myself time after fieldwork to deal with them and to talk about them during debriefing sessions with my supervisors. If necessary, counseling services will also be used to work through remaining issues.

Supervisor/REO's response (including whether ethical issue has been satisfactorily addressed):

Professor Saul Becker and Kate Morris (Supervisors) are happy with the way Emma is approaching the ethical issues entailed by her research.

Ethical issue: Conducting interviews in participants' homes

Rationale for chosen methodology and/or how ethical issue is to be addressed:

The first preference of this research will be to interview participants in a private room at the organisation through which they were accessed, such as a refuge or a Women's Aid building. However, issues such as overcrowding/lack of suitable space at the organisation or participants' own comfort and wishes may mean that, at times, the only viable option will be to interview mothers and children in their own homes, as Eriksson and Nasman's (2010) and Mullender et al's (2002) children and domestic violence studies did.

Only participants who are separated and currently safe from abusers will be included in this research. However, home visits will only be made once I have sensitively re-checked with participants that they believe it will be safe and if I feel it is too risky then the visit will not go ahead. More general safety precautions such as those outlined in the SRA Code of Practice will also be followed. These will include: informing the project supervisors of where I am going and when I expect to return (taking care that the information is safely destroyed once they hear from me to protect participants' anonymity); being aware of my environment and possible escape routes should I need to leave quickly, carrying appropriate resources and information with me such as mobile phones, taxi money etc. and any other safety policies the project supervisors recommend.

Supervisor/REO's response (including whether ethical issue has been satisfactorily addressed):

Professor Saul Becker and Kate Morris (Supervisors) are happy with the way Emma is approaching the ethical issues entailed by her research.

Appendix 2: Information sheet for mothers



Invitation to take part in a study on domestic violence and mother-child relationships

I am a researcher at the University of Nottingham and would like to invite you to take part in a confidential study about how living with and recovering from domestic violence affects the relationship between mothers and children. Its aims are to increase understanding about the issues facing mothers and children and have a positive impact on the support they receive.

My name is Emma Katz

You can get in touch with me by phone on 07528 309 389 or by email at lqxelka@nottingham.ac.uk

What would taking part in the study involve?

Talking to me in a confidential discussion. Discussions can be as short as you wish and at a time and place that suits you. I'm hoping to talk to both mothers and their children (aged 10+). It will be up to you to decide whether to ask your child/ren about if they want to take part. I would be happy to come and have a chat with you or your child/ren and answer any questions you may have before you decide whether to take part.

Do I have to take part in the study?

No, you don't have to take part if you don't want to. **It would be fine to withdraw from the study at any time** before, during or after the discussion, without having to give a reason why. In all cases you will receive a £10 gift voucher to thank you for your time.

How will my identity be protected?

Participants will be invited to choose a fake name which I will use instead of your real name. I will be very happy to talk about any concerns you may have around keeping your identity safe.

The only circumstance where confidentiality cannot be guaranteed is if you told me something that made me concerned about the safety of a child. If this happened, I would talk to you about my concerns and, if appropriate, I would have a responsibility to pass the information on to the correct professionals.

Can I choose what to talk about during our discussion?

Yes, and you don't have to talk about anything you don't want to. With your permission it will be helpful to use a voice recorder during discussions. If talking about anything makes you feel uncomfortable, we can stop or pause for as long as you want.

What will you do after our discussion?

This study is part of my university degree and its results will be presented to social workers and policy makers through journal articles and talks so women and children can get better help in the future, though positive impacts may only be small. With your permission, short quotes from our discussion may be used to help others understand your experiences, however care will be taken to remove any identifying information. I will be happy to send you a summary of the findings when the study ends in 2014.

What should I do if I want more information or am interested in taking part?

If you would like more information about anything in this letter, or you are interested in taking part, please:

- ✓ **Text or call me on 07528 309 389**
- ✓ **Email me at lqxelka@nottingham.ac.uk**

You could also contact my supervisors by calling 01159 515 234 and asking to speak to Saul Becker or Kate Morris or by emailing saul.becker@nottingham.ac.uk or kate.morris@nottingham.ac.uk

Many thanks for your time in reading through this information,

Emma Katz

Appendix 3: Information sheet for children and young people



Invitation to take part in a study on domestic violence and mother-child relationships

- **My name is Emma Katz and I would like to invite you to take part in a study about the experiences of children and mothers who have been through domestic violence**
- **The aim is to create more understanding about what children and mothers go through so they can get better help in the future**
- **To help you choose if you would like to take part, this sheet gives some questions and answers**

Q: What would taking part involve?

A: Talking to me about some of the things you and your mum have been through

- ✓ You can decide what to talk about
- ✓ You don't have to talk about anything you don't want to
- ✓ Talks will be kept private and confidential – nothing you say will be passed on to other people
- ✓ You can pick the time and place for our talk
- ✓ Our talk can be as long or short as you want and can stop whenever you want
- ✓ I will really listen to what you say and you can ask me questions too
- ✓ You will get a £10 gift voucher to thank you for your time in taking part

Q: Who will you talk to?

A: Children (aged 10 or older) and their mothers

- ✓ This can be done in whatever way you want
- ✓ Your mum could stay with you, or wait close by while we talk
- ✓ Your talks could be kept separate and private

Q: What if I don't want to take part?

A: You don't have to take part if you don't want to

Q: How will my identity be protected?

A: You can choose a fake name which I will use instead of your real name

Q: Are there any times you would tell someone else what I said?

A: The only time would be if you told me something that made me really concerned about the safety of you or someone else under 18

If this happened, I would talk to you about my concerns and I may need to pass the information on to a professional who could help

Q: What will you do after our talk?

A: Once I have talked to enough children and mothers, I will spread the results to people who organise services for children and families so they can help make these services better

Q: What should I do if I want more information?

A: I would be very happy to talk to you or your mum and answer any questions:

You can:

- ✓ **Text or call me on 07528 309 389**
- ✓ **Email me at lqxelka@nottingham.ac.uk**

Appendix 4: Consent form



Researcher: Emma Katz

Study title: Surviving Together: Domestic Violence and Mother-Child Relationships

Research Agreement for a One-to-One Discussion

What's this study about?

- It's about how living with, leaving and recovering from domestic violence affects mothers and children and their relationship with each other
- Its aims are to increase understanding about the issues facing mothers and children and to help improve the support they get

What will taking part involve?

- Talking to me (Emma) about your thoughts and experiences in a confidential discussion
- Discussions can be as long or short as you wish and can end when you want
- You don't need to talk about anything you don't want to
- If you agree, a voice recorder will be used during our discussion to help me remember the details of what's said

Can I say no to participating or pull out of the study?

- Yes, the study is optional and you don't have to take part if you don't want to
- It will be fine to pull out at any time, before, during or after our discussion
- You don't need to explain your reasons and there won't be any negative consequences

What will happen to the results of the study?

- This study is part of my PhD degree at the University of Nottingham
- The results will be published and made available to people who organise services for children and families
- If you agree, short quotes from our discussion may be used in publications to help others understand your experiences, but your real name will not be used

How will my identity be protected?

- Everyone who takes part will be invited to pick a different name for themselves
- Any other information that might give away who they are will also be removed

Will this study be confidential?

- Yes, everything we talk about will be kept confidential (with one exception, see next point)
- There would only be one time when I might tell people what you said and give them your name. This would be if you told me something that made me really concerned about the safety of a person under 18
If this happened, I would talk to you about my concerns if possible and I may need to pass the information on to a professional who could help
- Mother's and children's talks will be kept separate and private so I won't pass on anything you say to the other people in your family

Who could I contact if I want more information or I want to make a complaint about the study?

- For more information you could contact Saul Becker or Kate Morris (project supervisors)

Email: saul.becker@nottingham.ac.uk **or**
kate.morris@nottingham.ac.uk

Phone: 01159 515 403 (Saul) **or** 01159 515 239 (Kate)

- To make a complaint you could contact Brigitte Nerlich (ethics officer)

Email: brigitte.nerlich@nottingham.ac.uk

Phone: 01158 467 065

Can I get in touch with Emma after our discussion if I have any questions or worries or I just want to find out how the study is going?

- Yes, you would be very welcome to contact me by -

Phone – 07528 309 389

Email – lqxelka@nottingham.ac.uk

Please tick the following boxes, and, if you would like to take part, sign below

I have read the above information and I understand the details of the study Yes ☐ No ☐

I have had the chance to ask questions Yes ☐ No ☐

I agree that the discussion can be recorded using a voice recorder, as long as it is kept safely Yes ☐ No ☐

I agree that short quotes from our discussion can be used in publications of this study as long as my name and any information that might give away who I am is removed Yes ☐ No ☐

I agree to take part in the above research project Yes ☐ No ☐

Child's name (IN CAPITALS)

Child's signature

Date

Parent's name (IN CAPITALS)

Parent's signature

Date

Researcher's name (IN CAPITALS)

Researcher's signature

Date

Appendix 5: Topic guide for semi-structured interviews

[Note – only some of the questions listed below were asked in each interview. This was because participants often provided data that addressed several questions in a single answer, making it unnecessary to ask all of the questions.]

Section 1: Life in the present

- Could you tell me a bit about you and your mum/child/children and the things that are good and not so good about your lives at the moment?

Section 2: Living with domestic violence

- Mothers: Could you tell me about (the perpetrator/father's) attitude to your relationship with (your child/children) and the ways that his behaviour affected your everyday lives or your relationship with each other?
- Mothers: What kind of relationship did (the perpetrator/father) have with (the child/children)?
- Children: Could you tell me a bit about the ways that (the perpetrator/father) behaved and what life was like for you and your mum when you lived with him?
- Children: How do you think (the perpetrator/father) felt about you and your mum's relationship with each other?
- Thinking back to how things were on an everyday kind of level, could you tell me about any ways that (the perpetrator/father) controlled or limited your lives?
- Again, just on an everyday level, were there other things that you or your mum/child/children had to do, or couldn't do, because of how (the perpetrator/father) would react?
- How do you think your mum/child/children felt about everything that was going on back then?

- How do you think this affected the relationship between you and your mum/child/children and how you got on with each other back then?
- Mothers: Some of the hardest times must have been when (the perpetrator/father) was violent. Could you tell me a little more about where the child/children tended to be during those times?
- Mothers: Was it ever possible for you to do anything to try to protect (your child/children) from that?
- Mothers: Did (your child/children) ever try to stop (the perpetrator/father) from being violent by staying in the room or calling someone for help or trying to stop him themselves or anything like that?
- Children: Some of the hardest times must have been when (the perpetrator/father) was violent. Could you tell me a little more about where you tended to be and what you tended to do during those times?
- Children: Was it ever possible to try to stop (the perpetrator/father) from being violent by staying in the room or calling someone for help or trying to physically stop him yourself or anything like that?
- Could you tell me a little more about how things were between you and your mum/child/children back then, and if it was possible for you to help or support her/him/them or for her/him/them to help or support you at all while all that was going on?
- Thinking about how things were on an everyday kind of level, were there times when it was possible for you and your mum/child/children to make each other feel better or to stop each other from feeling worse back then?
- Mothers: What was it like being a mother when all that was going on?
- Mothers: What different kinds of feelings do you think your child/children had towards you back then?
- Children: What different kinds of feelings did you have towards your mum when all that was going on?

- Was it ever possible for you and your mum/child/children to talk to each other about what was going on back then?

Or:

- Could you tell me a little more about the times when you and mum/child/children talked about what was going on back then?
- Were there times when you didn't show your mum/child/children how you were feeling or say stuff that was on your mind?
- How were things between you and your mum/child/children when (the perpetrator/father) wasn't there?

Section 3: The process of leaving

- My next question is about the pros and cons of separating from (the perpetrator/father). I know this is a really big topic but, because it's not the main focus of the study, it would be helpful if we could just spend a couple of minutes on it. So, just briefly, could you tell me what were the best and the worst things for you about your/your mum's separation from him?
- Why do you think you/your mum decided to separate from (the perpetrator/father)?
- Did you and your mum/child/children ever talk about the possibility of separating from (the perpetrator/father) before it happened?
- Thinking back to the time just after the separation, could you tell me about your memories of how you and your mum/child/children was/were during that time and how things were between you?
- Could you tell me about any worries or concerns you had about your mum/child/children or your relationship with her/him/them at that time?
- Was it ever possible for you and your mum/child/children to talk about what was going on or what had been happening with (the perpetrator/father) around that time?

- Could you tell me whether there were any ways that your mum/child/children stopped you from feeling worse or helped you to carry on at that time?
- Could you tell me about any ways that you stopped your mum/child/children from feeling worse or helped her/him/them to carry on at that time?
- During the time when you were separating from (the perpetrator/father), if you could have had three wishes that would have made things easier, what would they have been?

Section 4: Experiences of services and professionals

- Could you tell me a bit about the professionals and services that you've had contact with because of the domestic violence, and in what ways they were helpful or unhelpful to you or your mum/child/children?
- Mothers: As a mother with experiences of domestic violence, were (the professionals/services) understanding about the things you were going through?
- Were there any times when (the professionals/services) put you and your mum/child/children in danger or made you so upset or stressed out that it was harder to get on with each other?
- Were there any times where (the professionals/services) helped you and your mum/child/children to deal with problems you were having or made it easier for you to get on well with each other?
- What could (the professionals/services) have done differently that would have made their response more helpful or effective?

Or:

- What was it about (the professionals/services) that made their response helpful or effective?
- What are the most important things that (the professionals/services) should do to make their response better for mothers and children?

Section 5: Life after domestic violence

- Could you tell me about the ways that life has changed since the separation from (the perpetrator/father) and any ways that things between you and your mum/child/children have changed?
- Have the ways you think about your/your mum's relationship with (the perpetrator/father) changed since the separation from (the perpetrator/father)?
- Have the ways you feel about yourself changed since the separation from (the perpetrator/father)?
- Are there still things that make you worried or make life difficult for you or your mum/child/children sometimes?
- Since you left, has it been possible for you and your mum/child/children to talk to each other about what happened in the past or how you felt/feel?
- If yes: Were/are there good things and bad things about taking about it?
- Could you tell me a little more about any ways you would like your relationship with your mum/child/children to change further in the future?
- What do you think are the main issues for mothers and children who've lived with domestic violence in terms of dealing with what they've been through and moving forward?
- Overall, would you say that what you've been through has made you and your mum/child/children closer or further apart or a mix of both?
- Open question: Are there any other things you would like to talk about or anything else you want to tell me about?

Concluding questions

- If you could pick three words to describe your mum/child/children, what would they be?
- If you could pick three words to describe your relationship with your mum/child/children, what would they be?
- If you had to imagine a really good relationship between a child and a mother, what would it be like?
- What are the most helpful things that your mum/child/children has/have said to you?
- What do you think are the most important things you've said to her/him/them?
- Out of all the people or things in your mum/child/children's life/lives, which do you think have helped her/him/them the most?
- Out of all the people or things in your life, which do you think have helped you the most?
- What would you say have been your most important achievements or the best things that have happened in terms of starting a new life since you/your mum separated from (the perpetrator/father)?
- Thinking ahead, could you tell me a little more about how you'd like things to be between you and your mum/child/children in the future?
- What do you want for your mum/child/children in the future?
- What do you want for yourself in the future?

Thank you very much

Appendix 6: Themes and subthemes identified during the data analysis

1 Contextual information

- 1.1 Mother's age
- 1.2 Children's age
- 1.3 Ethnicity
- 1.4 No. of children in family
- 1.5 Perpetrator's relationship to the children
- 1.6 Children's age during the DV
- 1.7 Time since they separated from the perpetrator
- 1.8 On-going contact with perpetrator for children
- 1.9 Mother's current relationship status
- 1.10 Time since mother and child became settled

2 The domestic violence

- 2.1 Types of DV mother experienced (e.g. emotional, physical etc.)
- 2.2 Children's awareness of the DV
- 2.3 Perpetrator's attitude to the mother-child relationship
- 2.4 Perpetrator's attitude towards and treatment of the children
- 2.5 Descriptions of family situation and atmosphere at home
- 2.6 Mothers' reactions to the DV
- 2.7 Children's reactions to the DV
- 2.8 Effects of the DV on the mother-child relationship
- 2.9 Children's awareness of their mothers' feelings during the DV
- 2.10 Mother's awareness of their children's feelings during DV
- 2.11 Children's feelings towards mother
- 2.12 Mother's feelings towards children
- 2.13 Children's feelings towards perpetrator
- 2.14 Mother's feelings about the perpetrator's treatment of the children

3 Mother-child communication during the DV

- 3.1 Ways children communicated with mothers
- 3.2 Ways mothers communicated with children
- 3.3 Barriers to communication
- 3.4 Mothers' feelings about communication with their children
- 3.5 Children's feelings about communication with their mothers

4 Mother-child supportiveness during the DV

- 4.1 Children's understandings of supportiveness
- 4.2 Mother's understandings of supportiveness
- 4.3 Ways that children tried to support their mothers
- 4.4 Ways that mothers tried to support their children

- 4.5 Ways that mutual supportiveness did/did not occur
- 4.6 Feelings about mutual supportiveness
- 4.7 Barriers to supportiveness
- 4.8 Presence/absence of supportiveness from wider family/friends

5 Impacts of leaving

- 5.1 Contextual information about leaving
- 5.2 Children's feelings about leaving
- 5.3 Children's level of awareness about the leaving process
- 5.4 Children's roles in the leaving process
- 5.5 Ways leaving effected mothers
- 5.6 Ways leaving effected children
- 5.7 Effects of leaving on the mother-child relationship

6 Mother-child communication during the leaving process

- 6.1 Ways mothers communicated with children about leaving
- 6.2 Ways children communicated with mothers about leaving
- 6.3 Barriers to communication
- 6.4 Mothers' feelings about communication
- 6.5 Children's feelings about communication

7 Mother-child supportiveness during the leaving process

- 7.1 Children's awareness of their mothers' feelings during leaving process
- 7.2 Mother's awareness of their children's feelings during leaving process
- 7.3 Ways mothers tried to support their children during the leaving process
- 7.4 Ways children tried to support their mother during the leaving process
- 7.5 Barriers to supportiveness
- 7.6 Presence/absence of supportiveness from wider family/friends during leaving
- 7.7 Mutual supportiveness during the leaving process
- 7.8 Feelings about mutual supportiveness during the leaving process

8 Feelings about the DV now

- 8.1 Perpetrator's relationship with the children now
- 8.2 Children's feelings about the perpetrator now
- 8.3 Children's understanding of the DV and the leaving process now
- 8.4 Children's understandings of why the DV happened
- 8.5 Mother's feelings about the perpetrator-child relationship now

9 The mother-child relationship now

- 9.1 Mother's views on the positive aspects of the relationship now
- 9.2 Children's views on the positive aspects of the relationship now
- 9.3 Mother's views on the negative aspects of the relationship now
- 9.4 Children's views on the negative aspects of the relationship now
- 9.5 Children's words to describe their mothers

- 9.6 Mothers' words to describe their children
- 9.7 Children's views on a good mother-child relationship
- 9.8 Mother's views on a good mother-child relationship

10 Mother-child communication after the DV

- 10.1 Ways children communicated with mothers
- 10.2 Ways mothers communicated with children
- 10.3 Barriers to communication
- 10.4 Children's feelings about communication with their mothers
- 10.5 Mothers' feelings about communication with their children

11 Mother-child supportiveness after the DV

- 11.1 Children's understandings of supportiveness
- 11.2 Mother's understandings of supportiveness
- 11.3 Ways that children tried to support their mothers
- 11.4 Ways that mothers tried to support their children
- 11.5 Mothers' feelings about supportiveness
- 11.6 Children's feelings about supportiveness
- 11.7 Barriers to supportiveness
- 11.8 Ways that mutual supportiveness did/did not occur
- 11.9 Feelings about mutual supportiveness
- 11.10 Presence/absence of supportiveness from wider family/friends

12 Recovery

- 12.1 On-going emotional problems for children
- 12.2 On-going emotional problems for mothers
- 12.3 On-going external problems for children
- 12.4 On-going external problems for mothers
- 12.5 Recovery and new achievements for mothers
- 12.6 Recovery and new achievements for children
- 12.7 Joint experiences of recovery
- 12.8 Mothers' awareness of their children's feelings after DV
- 12.9 Children's awareness of their mothers' feelings after DV

13 Recovery – What helps

- 13.1 Things that mother's believe helped children
- 13.2 Things that children believed helped children
- 13.3 Things that children believe helped mothers
- 13.4 Things that mother's believe helped mothers
- 13.5 Children's advice to other children
- 13.6 Children's advice to other mothers
- 13.7 Mother's advice to other mothers

14 Impacts of services on the mother-child relationship

- 14.1 Services mother had contact with
- 14.2 Services children had contact with
- 14.3 What helped the mother-child relationship directly
- 14.4 What helped mothers – indirect impacts on the relationship
- 14.5 What made mothers worse – indirect impacts on the relationship
- 14.6 What helped children – indirect impacts on the relationship
- 14.7 What made children worse – indirect impacts on the relationship
- 14.8 Mother's beliefs on what services could have done better
- 14.9 Children's beliefs on what services could have done better

15 The future

- 15.1 Children's thoughts on the family in the future
- 15.2 Mothers' thoughts on the family in the future
- 15.3 Children's thoughts on their mother's future
- 15.4 Mothers' thoughts on their children's future
- 15.5 Children's thoughts on their future
- 15.6 Mothers' thoughts on their future