## A Thesis submitted in Partial Fulfilment of the Registration for the Degree of Doctorate in Clinical Psychology (ClinPsyD) at the University of Birmingham

### Volume I

### Research Component

### The Effect of Domestic Violence on the Mother-Child Relationship

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### Overview

This thesis is submitted in partial fulfilment of the requirements for the degree of Doctorate in Clinical Psychology (ClinPsyD) at the school of Psychology, University of Birmingham, UK. This thesis is presented in two volumes. Volume I provides the research component and Volume II the written clinical component of the thesis.

Volume I is comprised of two papers; a literature review and a research paper. The literature review investigates findings of empirical research that has examined the relationship between maternal warmth shown and child adjustment in the context of domestic violence. The research paper utilises qualitative methods to explore resilience in mothers and children who have lived with domestic violence. Both papers are presented in a style that is appropriate for submission to the "Journal of Family Violence".

Volume II contains five Clinical Practice Reports (CPR's) that were completed during the course of training. The first (CPR 1) presents the case of a 55 year old woman who was referred for psychological support with panic attacks and depressed mood. This CPR presents the assessment and formulation from both a psychodynamic and cognitive perspective. CPR two reports a small-scale service related report. This investigated the views of a multi-disciplinary staff group on the need for clinical psychology within a diabetes centre. The third CPR is a case study outlining the behavioural understanding and work carried out with a residential staff team, supporting a young man with learning disabilities and behaviours which they found challenging. CPR 4 is a single-case experimental design that evaluates the effectiveness of a cognitive behavioural therapy with a 70-year-old woman suffering with Post-Traumatic Stress Disorder symptoms following an assault by an armed youth. The final CPR presents a psychodynamic case study, of a young social work student who had been diagnosed with a borderline personality disorder and depression. As CPR 5 was presented orally, the abstract and slides are presented here for reference.

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# Section one: Literature Review Investigating the role of maternal warmth as a mediator or moderator in the relationship between domestic violence and child maladjustment

**ABSTRACT** 

There is substantial evidence that many children exposed to domestic violence

develop maladaptive behavioural and psychological problems. Maternal warmth is

considered a key aspect of mothers parenting style that is affected by, and may therefore be

associated with indirect effects of, domestic violence. This study reviews the literature that

explores the potential moderating and mediating role of maternal warmth on the relationship

between domestic violence and child maladjustment.

Articles were identified through systematic searches of electronic databases using key

terms relating to domestic violence, maternal warmth, parenting, and child psychosocial

outcomes. Quality ratings were given to each article, and were used compare strength of their

arguments. Ten papers were identified for review, and results were divided into the mediating

and moderating role of maternal warmth between domestic violence and (a) child

internalising behaviours, and (b) child externalising behaviours. Despite variance in study

design, measures used and age of children, support for the mediating role of maternal warmth

was consistently supported. There was little evidence to support maternal warmth as a

moderator of the effects of domestic violence on child outcome.

It was concluded that maternal warmth was consistently reported to mediate the

effects of domestic violence on children's development of maladaptive behaviours, and

should therefore be considered an area for future research on interventions.

**Key words:** domestic violence; child maladjustment; maternal warmth; parenting.

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### INTRODUCTION

This study reviews the literature that examines the moderating and mediating role of maternal warmth in the relationship between domestic violence and child maladjustment.

Maternal warmth is a dimension of parenting which is critical to the development of the mother-child relationship.

The quality of the relationships that parents, particularly mothers, have with their children is a potent predictor of children's future development (Bornstein, 2002; McCain & Mustard, 1999; Shore, 1997). This relationship is defined by the mother's and child's characteristics and the environment within which they develop. Baumrind & Black (1967) identified two important dimensions of parenting that are consistently related to children's development (Grolnick *et al*, 2002): warmth (as opposed to conflict or neglect) and control strategies (O'Connor & Scott, 2007). Differing levels of the dimensions of warmth and control, and have been found to have differential effects on children's development (Baumrind, 1971; Maccoby & Martin, 1983; Parke & Buriel, 1998).

### Maternal warmth

Maternal warmth is a parent's expression of positive regard and responsivity to children's emotions and behaviours (Baumrind & Black, 1967, Manzeske & Stright, 2009). Warmth reflects parents' general tendencies to be supportive, affectionate, and sensitive to the child's need, as well as to express approval and direct positive emotion and behaviours toward the child (Darling & Steinberg, 1993, MacDonald, 1992, Suchman *et al*, 2007, Zhou *et al*, 2002). Researchers have found that parental warmth is an important aspect of positive parenting that is linked to children's social and emotional well-being (Kim-Cohen *et al*,

2004), and correlates to healthy child adjustment (Baumrind, 1971, Eisenberg, 1992). Warmth underlies the capacity for high investment parenting that can support the prolonged dependency of competitive offspring (Baumrind, 1994).

Warmth can be described as a continuum (Rohner, 2004). One end of the continuum is marked by parental acceptance, which refers to affection, care, comfort, concern, support, nurturance or simply love that parents can feel and express toward their children. This includes acceptance of children's feelings and behaviours, active listening, praise, use of reflective thinking, and emotional and behavioural involvement in children's lives and activities (Wood et al, 2003; 134). At this positive end of the warmth dimension, the child perceives their parent as affection, warm, loving and accepting (O'Donnell, 2010, Rohner, 2004). Higher levels of maternal warmth may be observed through physical expression (e.g., hugging) and emotional responsiveness (e.g., talking to the child) of the mother toward the child (Whiteside Mansell, 2010).

The other end of the continuum is marked by parental rejection which is marked by absence or significant withdrawal of these feelings and behaviours and by the presence of a variety of physically and psychologically hurtful behaviours and affects (Rohner, 2004). At this end of the dimension marked by low levels of maternal warmth, or warmth from mother to child may be absent, and the child perceives their parent as rejecting (O'Donnell, 2010, Rohner, 2004).

In this review, maternal warmth is operationalised as a mother's affection, care, support and nurturance to her child. This warmth can be observed through a mother's

physical actions, such as hugging her child, and through verbally supportive responses to her child.

### The role of maternal warmth in child development

Researchers have found that maternal warmth is an important aspect of positive parenting that is linked to children's social and emotional well-being (Kim-Cohen *et al*, 2004), and correlates to healthy child adjustment (Baumrind, 1971). The positive emotions felt when a child is shown warmth from their mother, has been shown to increase a person's cognitive and behavioural repertoire in response to challenges (Fredickson In Petersen, 2000; 49).

In healthy parent-child relationships, warm and supportive parental behaviours are believed to facilitate a secure attachment relationship (Ainsworth *et al*, 1978, Bowlby, 1973). Within this context of a warm and secure relationship with their parents, children learn that their parents can be relied upon to provide protection and comfort when they experience stress. This gives the child the security to explore their environment (Ainsworth, 1978; Bowlby, 1969; and Crittenden & Claussen, 2003). Through repeated interaction with a warm and attuned parent, children begin to internalize a positive sense of self and others (Bowlby, 1973, Harper, Arias, House, 2003); they develop skills to understand and regulate their own emotional reactions and also gain awareness of other people's internal states (Eisenberg, 1998; and Morris *et al*, 2007). It has been hypothesised that when a child becomes emotionally dysregulated, then maternal warmth and sensitive responding can soothe their negative arousal (Bowlby, 1988). There is significant evidence that supports the role of maternal warmth in children's ability to regulate their emotions (Cohn & Tromick, 1983; Gable & Isabella, 1992; Morris *et al*, 2007; and Strayer & Roberts, 2004).

Warmth plays an important motivational role for children in facilitating compliance and the acceptance of adult values, and is viewed as one of several discrete evolved systems underlying personality development (MacDonald, 1992). A continuing relationship of warmth and affection between parents and children is expected to result in the acceptance of adult values by the child, in positive identification with the parent, and in a generally higher level of compliance (MacDonald, 1992). Attachment theory predicts that when a mother is warm towards a child, the child develops positive working models of the self, in which they view the self as worthy of love and attention (Bowlby, 1973 & 1980, Harper, Arias & House, 2003). In addition, maternal warmth has been found to be associated with reduced levels of child aggressive behaviour, and was associated with a reduction in levels of depressive symptoms, in inner city African-American families (Jones *et al*, 2008).

The converse is believed to be true when a parent is cold and rejecting (Baumrind, 1991; Bowlby, 1973; Rohner, 1980). A child may develop an internal working model of the self as unworthy. Parents who express little warmth are more likely to have adolescent children who have externalising (Matsen & Coatsworth, 1998, Shaw *et al*, 1998) and internalising problems (Garber *et al*, 1997, and Hammen, Shuh & Brennan, 2004) and children may develop a negative internal working model of self (Bowlby, 1988, Harper *et al*, 2003). Studies of negative parenting (low warmth) have been associated with poor levels of emotion regulation in their children (Morris *et al*, 2007). Negative maternal behaviour (consisting of discouragement, non-acceptance, and disapproval) which reflect a lack of warmth has been found to predict externalizing child behaviour (Deater-Deckard *et al*, 1996, Dodge *et al*, 1994). Rohner & Britner's worldwide study (2002) found longitudinal evidence supporting the role of parental rejection in the development of mental health disorders such as depression, conduct and behaviour problems in children (Lila *et al*, 2007).

In a review of parenting and emotion regulation, Morris *et al* (2007) concluded that the emotional climate of the family and parenting behaviours effect children's emotion regulation and emotional security, which in turn impact on the child's adjustment. This can therefore enable parenting behaviour to be interpreted contextually (Darling & Steinberg, 1993).

### Maternal Warmth and child development in the context of domestic violence

In considering the literature that supports the role of maternal warmth in healthy child adjustment, it seems pertinent to consider the role of maternal warmth as a potential moderating or mediating factor in the psychosocial development of children who have grown up in environments of adversity, such as domestic violence. This is a key aim of this review.

There is a large body of evidence to suggest that children who live in families where domestic violence is commonplace show increased levels of psychological and behavioural maladjustment (Horner, 2005; Beeble, Bybee & Sullivan, 2007; Chemtob & Carlson, 2004, Grych, Jouriles, Swank, McDonald & Norwood, 2000). In a meta-analysis of 41 studies, Wolfe *et al* (2003) found exposure to domestic violence predicted significant social and emotional problems in childhood, including externalising problems, such as conduct disorder, aggressiveness and anti-social behaviour (Zimet & Jacob, 2002), and internalising problems like depression, anxiety and withdrawal (Levendosky *et al*, 1998; and McCloskey *et al*, 1997). It is therefore important to look at the mechanisms by which this occurs. Domestic violence in this review is defined using the Home Office (2004) definition "Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members,

regardless of gender or sexuality" (page 1). This review only includes studies of male to female violence, because it focuses on the effects of being a victim of domestic violence on a mother's ability to provide warmth to their child. It is acknowledged that domestic violence can be initiated by women against male partners (Povey, 2004), and can take place within the context of same-sex relationships (Lehmann, 2002).

Research exploring the capacity for maternal warmth amongst women who have experienced domestic violence has produced inconsistent results. In general, mothers who have experienced physical abuse from their partners have been shown to demonstrate less warmth towards their children than non-abused mothers (Harold, Fincham, Osborne & Conger, 1997; Kitzmann, 2003; Levendosky & Graham-Bermann, 2001; Perry, 1995; and Vandewater & Lansford, 1998). This reduction in maternal warmth is typically characterised by a lack of emotional availability (Davies, *et al*, 2002), which is believed to play a mediating role between the effects of domestic violence and child adjustment. However, in some contrast studies have shown that maternal warmth is not affected by a mother's own experience of domestic violence (Kalil *et al*, 2003; and Whiteside-Mansell *et al*, 2009) in which no differences were found between levels of warmth shown by abused mothers and comparison mothers.

The extent to which maternal warmth affects psychosocial adjustment amongst children growing up in violent households is debated within the literature, and this review aims discuss the differences in these studies and the contrasting findings. There have been a number of studies that support the role of maternal warmth as a moderator of the relationship between domestic violence and child adjustment difficulties (Deater-Deckard & Petrill, 2006; and Garber *et al*, 1997). Grych, (1990) found that young people who reported warm

relationships with their mothers tended to interpret parental conflicts as less physically threatening than their peers who experienced lower levels of maternal warmth. Further, Garber *et al* (1997) found that adolescents living with domestic violence who experience little maternal warmth were more likely to display externalizing and internalizing problems. Deater-Deckard and Petrill (2006) found that the link between harsh parenting (physical punishment) and children's externalising behaviour problems was strongest when the mother-child relationship lacked warmth.

It is possible that the contrasting findings on the role of maternal warmth and child adjustment in the context of domestic violence may be related to child age, this will be explored within this review. For example Brody, Stoneman and Burke (1987) found that child age is inversely associated with parental warmth and involvement. As children develop, they begin to independently regulate their emotions (Manzeske & Stright, 2009) consequently by young adulthood; maternal warmth may no longer effect adult children's emotion regulation. Manzeske and Stright's (2009) found no association between maternal warmth and young adult's emotional regulation. Therefore, if maternal warmth is a developmentally-related construct that is necessary at an early age, the timing of the domestic violence in relation to the mother's capacity to show warmth, will impact on the outcomes of the child (depending on their age).

Limitations of these studies include using mothers only as participants and validity and reliability of measures of warmth and child psychosocial outcomes, and these may explain the differences in findings. For example, studies include samples in which age of child(ren) varies from mothers reporting on infants to grown up child respondents. The majority of research looking at the effects of domestic violence on women's parenting and

child outcomes have used mother as participants. It is possible that mothers may give biased responses about their level of parenting. This may explain some of the conflicting findings in the literature. For example, difference in the levels of maternal warmth reported by an observer; perceived levels of warmth (child respondents) and perceived level of warmth (mother's reports) may be expected. These aspects of the studies within this review will be critiqued and explored as potential causes of any inconsistent findings.

### Rationale for the review

The accumulation of findings in the literature on the detrimental effects of domestic violence for women and their children makes strong support for the clinical need to identify the processes by which the experience of living in households with domestic violence has an effect on children. It is important to identify factors that may compensate or buffer against the effects of exposure to family violence in order to better understand and influence this relationship.

This review aims to draw together the literature exploring moderating and mediating role of maternal warmth in the relationship between domestic violence and child maladjustment. Mediation represents the consideration of how a third variable affects the relation between two other variables (MacKinnon, Fairchild, and Fritz, 2007). Within the domestic violence literature mediation models are used to understand the process through which domestic violence affects outcomes for mothers and their children. Analytically identifying maternal warmth as a mediator requires demonstrating that it accounts for a substantial amount of variance in the link between domestic violence and child maladjustment (Davies *et al*, 2002). Moderation occurs where a variable alters the strength of the relationship between two other variables (Kenny, 2009). In considering the role of

maternal warmth therefore, it would be considered a moderator if it altered the strength of the relationship between domestic violence and child outcomes. The key part of mediation and moderation analysis is that it measures the causal relationship between the variables (domestic violence and child outcome).

### **METHOD**

### **Search Strategy**

Between 1<sup>st</sup> November 2009 and 31<sup>st</sup> January 2010, relevant peer reviewed articles and dissertations were identified from the following databases, PsychINFO, MEDLINE, PILOTS, Web of Science, Sociological Abstracts, Social Services Abstracts, EMBASE, and ASSIA. The search criteria consisted of three broad concepts; Domestic Violence; target population (mothers); and terms relating to parental warmth (see Appendix 1 for specific terms entered into the search).

### **Data Extraction**

A data extraction form was used to ensure the process of gathering information from the identified articles was done systematically (see Appendix. 2). The extraction form included information relating to the inclusion criteria, information on participants, method of recruitment, relevant outcomes and limitations of the studies.

The initial search yielded 185 studies. Upon reviewing manuscripts to determine if they met inclusion and exclusion criteria, five studies remained. The reference lists of these were manually checked for relevant articles. Publications containing the initial search terms in the title were then gathered and the process repeated until no further references were

identified (see figure 1). Ten studies, all of which originated in the Unites States of America, were identified for the review.

Table 1: Inclusion and exclusion criteria

Inclusion Criteria	Exclusion Criteria
Empirical study	Papers published prior to 1990
• Include a sample of mothers who	<ul> <li>Not published in English</li> </ul>
have experienced domestic violence	Not concerned with domestic
• Include a control or comparison	violence
group who have not experienced	• Reported links between domestic
domestic violence	violence and parenting stress only
• Statistical analysis of the mediating or	• Intervention only study
moderating role of maternal warmth	Not an original article
• Formal measures of child behavioural	Qualitative Design
or psychological outcomes	• Unpublished Dissertation

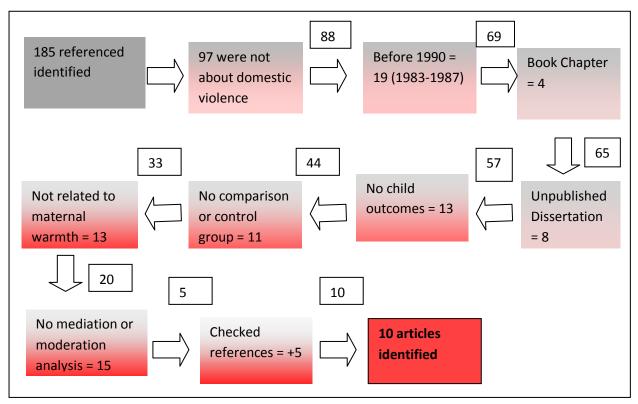


Figure 1: Process of identifying relevant articles

### **REVIEW**

The ten identified manuscripts are summarised in Table 3. A quality review is conducted and then a synthesis of study characteristics presented below.

### **Quality assessment**

The quality assessment measures defined in the meta-analysis by Krishnakumar *et al* (2003), were adapted for this review, and used to assess the quality of each article. Numerical scoring from 1-3 was used and this strategy is summarised in Appendix 3 and findings are illustrated in Table 2.

Table 2. Quality criteria

				Quality Criteria					
Study	Des	sign		Measu	Analysis	Discussion	Total		
	Design	<u>Design</u> <u>Recruitment</u> <u>Maternal warmth</u> <u>Child outcomes</u>				<u>Statistical</u>	<u>Limitations</u>		
		Measure Informant							
	Cross-sectional = 1	Random =1	Questionnaire = 1	Questionnaire = 1 single informant =1					
	Experimental = 2	Convenience = 2	Observation = 2 mother & child = 2				<0.1 = 2	Some =2	
	Longitudinal = 3	Both = 3	Composite = 3	mo	other, child & another	r= 3	<0.01 = 3	All = 3	
1	Cross-sectional (1)	Random & convenience (3)	Questionnaire (1)	Parent (1)	Questionnaire (1)	Parent (1)	<0.01 (3)	All (3)	14
2	Cross-sectional (1)	Random & convenience (3)	Questionnaire & Observation (3)	Mother, child and observer (3)	Questionnaire (1)	Mother, child & observer (3)	<0.5 (1)	All (3)	18
3	Cross–sectional (1)	Convenience (2)	Observation (2)	Observer (1)	Questionnaire (1)	Mother, child, teacher (3)	<0.01 (3)	Some (2)	15
4	Cross–sectional (1)	Convenience (2)	Questionnaire (1)	Child (1)	Questionnaire (1)	Child & mother (2)	<0.5(3)	None (1)	12
5	Cross–sectional (1)	Convenience (2)	Questionnaire (1)	Child (1)	Questionnaire (1)	Child (1)	0.01 (3)	None (1)	11
6	Longitudinal (3)	Random & convenience (3)	Questionnaire & Observation (3)	Mother & observer (2)	Questionnaire(1)	Mother (1)	<0.01 (3)	Some (2)	18
7	Cross-sectional (1)	Random & convenience (3)	Questionnaire (1)	Mother & child (2)	Questionnaire (1)	Mother (1)	<0.01 (3)	Some (2)	14
8	Longitudinal (3)	Convenience (2)	Questionnaire (1)	Child (1)	Questionnaire (1)	Child (1)	<0.01 (3)	Some (2)	14
9	Cross–sectional (1)	Convenience (2)	Questionnaire (1)	Mother (1)	Questionnaire (1)	Mother & child (2)	<0.01 (3)	All (3)	14
10	Cross-sectional (1)	Convenience (2)	Questionnaire & Observation (3)	Observer & mother (2)	Questionnaire (1)	Mother (1)	<0.01 (3)	Some (2)	15

Table 3: Summary of studies reviewed in this paper

	Study	Participant Information Number Child age Recruitment	Design  Control or comparison group	Measure of maternal warmth	Outcome measure Child outcomes	Statistical analysis of mediation/moderation	Results
1.	Buehler & Gerard (2002)	Number: 2,541 families  Child age: 2-18years  Recruitment: National Survey of families and Households (NSFH), 1988.	Cross-sectional  Community sample with range of exposure to domestic violence.	Maternal warmth construct of: Parental involvement.  Different measures were used according to child age: Age 2-4years: amount of time playing with child; aged 5-11years: and 12-18years: shared activities, private talks, praising, hugging.	Global maladjustment; items taken from Child Behaviour Checklist, (CBCL. Achenbach & McConaughty, 1987) for internalising and externalising behaviours, varied with child age.	Mediation analysed using:  Expectation maximisation (EM) method, (multiple regression analysis) in SPSS.	1. Domestic violence is associated with reduced levels of parental involvement, which is in turn associated with greater levels of child maladjustment, across ages and developmental stages.  2. Parental involvement is a partial mediator of the effects of domestic violence on child outcomes,
2.	Fauber <i>et al</i> , 1990	Number: 97 adolescents with their mothers, and social science teachers.  Child Age: 11 to 14 years - 11 months  Recruitment: Community	Cross-sectional  Community sample with range of exposure to domestic violence.	Questionnaire 1) Child Report of Parenting Behaviour Inventory (Schaefer, 1965) 2) Personal Data Form (Emery & O'Leary, 1982) – child self report. Observation During mother- child interaction.	Child Depression Inventory (CDI: Kovacs, 1992) – child self-report & Parental report.  Revised behaviour Problem Checklist (RBPC: Quay & Peterson, 1983) – completed by mother, child and teacher.	Mediation was analysed using: Structural Equation Modelling (SEM)  Partial Least Squares – LISREL	1. Maternal warmth mediated the effect of domestic violence on child internalising behaviours in families with married and those with divorced parents.  2. Maternal warmth partially mediated the effects of domestic violence on externalising behaviours in intact families, and fully mediated the effect in divorced families.

3.	Franck & Buehler, 2007	Number: 416 families (37% uptake)  Child Age: 11- 12 years 11 months Recruitment: School population	Cross-sectional  School sample, with range of exposure to domestic violence.	Observation Iowa Family Interaction Rating Scales (Melby, J., & Conger, R. D., 2001).	CBCL (Achenbach, 1991a)  Teacher Report Form (Achenbach, 1991b)  Youth Self-Report (Achenbach, 1991c).	Moderation was analysed using: Structural Equation Modelling (MPlus). Muthe 'n, & Muthe 'n. (1998 –2004).	1. Observers perception of parent's warmth toward the child did not moderate the effects of domestic violence on adolescent problem internalising and externalising behaviours.
4.	Gonzales et al, 2000	Number: 97 mother-child dyads.  Child age: 9- 11 years.  Recruitment: School sample	Cross- sectional School sample	Parenting acceptance: CRPBI (Schaefer, 1965)	Child Depression Inventory Youth Self Report CBCL (mother report)	Mediation was analysed using: Path analysis (multiple regressions).	Domestic violence had a negative relationship with warmth, which in turn had a significant effect on child outcomes, on depression and conduct problems.     Mediation model was only supported in child reports of child outcomes.     Maternal acceptance (warmth) was associated with unresolved conflict.
5.	Krishnakumar et al, 2003	Number: 692 youths Child Age: 10- 18years. Recruitment: Tennessee Adolescents in Families Project (TAIFS); school- based study	Cross- Sectional	Acceptance scale of CRPBI (Schaefer, 1965).	CBCL – youth self-report form (Achenbach & McConaughty, 1987).	Mediation analysed using: Expectation maximisation (EM) method, (regression analysis) in SPSS.  Structural Equation Modelling (Baron & Kenny, 1986).	Lowered maternal warmth mediated the link between domestic violence and externalising behaviours in divorced European American families and partially mediated in intact European American families.     No evidence of link between domestic violence and internalising behaviours were found.
6.	Levendosky et al 2006.	Number: 203 pregnant women  Child Age: 0-1 years  Recruitment: mothers enrolled in mother-infant study.	Longitudinal  Recruited from larger study, women and infant study.	Observed parenting dimensions of; warmth, joy and sensitivity; and disengagement, intrusion and hostility.	Infant Toddler Social and Emotional Assessment (ITSEA; Briggs- Gowan & Carter, 1998). Maternal report of externalising behaviours.	Mediation analysed using: Structural Equation Modelling (LISREL 8.7)	Past domestic violence was not related to parenting whereas current DV was negatively related to parenting.     Maternal warmth partially mediated the link between domestic violence and child externalising behaviour.

7.	McCloskey et al, 1995.	Number: 365 mothers and 1 of their child. Child age: 6-12 years Recruitment: Shelter and community population.	Cross-sectional  Women who had been domestically abused and comparison sample.	Warmth/ criticism dimension of PPI Parental authority questionnaire	CBCL Child Assessment Schedule (CAS: Hodges, 1986).	Moderation analysed using: Structural Equation Modelling (EQS)	Children perceive their mothers as expressing less warmth     Maternal warmth did not moderate the effects of domestic violence on child outcomes.
8.	O'Donnell et al, 2010	Number: 88 participants Children only sample.  Child Age: 10- 12years Recruitment: School population	Longitudinal School sample, range of exposure to domestic violence.	Warmth/ rejection CRPBI	CDI	Mediation analysed using: Multivariate multiple regression analysis (Baron & Kenny, 1986)	1. Parental warmth/rejection mediated the relation between domestic violence and depression and general cognitive style acted as a moderator.
9.	Skopp <i>et al</i> , 2007	Number: 157 mothers and children Child age: 7- 9years. (average age 8years) Recruitment: Community sample	Cross-sectional  Community sample; range of exposure to domestic violence.	Supportive/engaged scale of Parenting Behaviours Inventory (PBI: Lovejoy, Weis, O'Hare, & Rubin, 1999)	CBCL Children's Disruptive Behaviour scale (CDBS: McDonald & Jouriles, 1999).	Multiple Regression Analysis for moderation.	1. Child reports on externalising behaviours, higher levels of maternal warmth attenuated the relation between domestic violence and child externalising problems.  2. On mother reports maternal warmth acted as a protective factor for girls but not boys externalising behaviours.
10.	Sturge-Apple et al, 2010	Number: 201 toddlers and their mothers. Child Age: Average age of children 25.7 months. Recruitment: Local community agencies	Cross-sectional  Community sample with various exposure to domestic violence.	Warmth/supportive subscale, observed in free play.	CBCL	Mediation analysed using: Structured Equation Modelling (AMOS 7.0)	Mothers responsiveness mediated associations between domestic violence and children's internalising and externalising symptoms.     Maternal warmth did not act s a moderator of link between domestic violence and child maladjustment.

### **Description of studies**

This section will provide an overview of the identified papers in terms of study design, participants, methods used to assess maternal warmth and child internalising and externalising behaviours, summarised in table 2. This is followed by a synthesis of the findings of these studies in relation to the aims of this review.

Study design: Of the 10 studies included for review; eight were cross-sectional in nature (Buehler & Gerard, 2002; Fauber et al, 1990; Franck & Buehler, 2007; Gonzales et al, 2002; Krishnakumar et al, 2002; McCloskey, 1995; Skopp et al, 2007; Sturge-Apple et al, 2010), and two were longitudinal (Levendosky et al, 2006; O'Donnell et al, 2010). This methodology has benefits over the cross-sectional design as it attempts to offer insight into the effects of events. It takes into consideration that a person's characteristics and behaviours change with time, which offers a chance to see whether the effects of domestic violence in the past and present differ, and whether changes in the effect of domestic violence on child behaviour change over time, or relate to child age. Levendosky et al (2006) compared the effects of domestic violence during pregnancy with the effects on children at one year of age, and where domestic violence was no longer present when the child reaches one year of age. This gives an opportunity to explore the potentially different effects of domestic violence before birth, for children who remain in domestic violence homes and those who do not. In comparison O'Donnell et al, (2010), made follow up measures after a 2 year period, giving an insight into the effects of domestic violence over time for the children in this study.

**Recruitment:** Studies predominantly recruited women and children. However two studies also included fathers (Fauber *et al*, 1990; Franck & Buehler, 2007), and two studies sampled

teachers for additional validation of findings relating to children's functioning (Fauber *et al*, 1990; Franck & Buehler, 2007).

In considering the effects of domestic violence on children it has become more common to include children themselves in studies rather than relying solely on their mother's reports. Four studies recruited participants through school populations (Franck & Buehler, 2007; Gonzales *et al*, 2000; Krishnakumar *et al*, 2003; & O'Donnell *et al*, 2010), which enabled them to recruit participants with varying levels of exposure to domestic violence. These studies also varied in the number of schools used to recruit participants, from two school sources (Gonzales *et al*, 2000; & O'Donnell *et al*, 2010), to 13 schools (Franck & Buehler, 2007 & Krishnakumar *et al*, 2003).

Traditionally, participants involved in domestic violence research have been women recruited from shelters. Noticeably, women who reside at shelters are those who have experienced more severe violence. It is now recognised that studies should include women and families in the community who have experienced various levels of severity, frequency and type of violence if results are to be generalised to the wider population (Dixon & Graham-Kevan, 2010). Indeed, Straus & Gelles (1999) refer to the 'clinical fallacy', to explain why findings taken from research with clinical samples cannot be assumed to reflect the nature of the problem as experienced by the general population at large.

Shelter populations were used to recruit families in two studies (Levendosky *et al*, 2006 & McCloskey, 1995). These studies specifically targeted shelters in their recruitment strategy to include women and children who had experienced high levels of domestic violence which had far reaching effects. These studies also included community groups in

which women reported a range of exposure to domestic violence. In order to aid analysis, participants were grouped according to the level of frequency and severity of domestic violence they experienced.

Three studies which did not specifically recruit from shelter or school populations, accessed participants from community samples that were recruited for larger studies and schemes (Buehler & Gerard, 2002; Skopp *et al*, 2007; & Sturge-Apple *et al*, 2010).

Sample size: The size of the samples included in this study varied from 2541 family participants (Buehler & Gerard, 2002) to 88 adolescent participants (O'Donnell *et al*, 2010), with a median sample size of 203. This difference in sample size may reflect the difficulty in recruiting women who have experienced domestic violence and their understandable reservations about having their parenting assessed. These reservations by mothers may be related to a past research emphasis on the deficit model of parenting by women who have experienced domestic violence. There may also be concern relating to the association of professionals with child welfare practices, which may represent a risk of having children removed, to these women. This anxiety about taking part in research may also be associated with fears of stigmatising and shame associated with domestic violence (Crawford, 2007).

**Participants:** The studies included children aged between 0 (pregnancy) to 17 years, either by sampling them directly, or through indirect reports on outcome measures from their mothers. There were two studies in which children under school age were considered (0-5years) (Levendosky *et al*, 2006; Sturge-Appel, 2010) and the remaining studies reported outcomes of school aged children between age 5-18years (Fauber *et al*, 1990; Franck & Buehler, 2007; Gonzales *et al*, 2000; Krishnakumar *et al*, 2003; McCloskey, 1995;

O'Donnell, 2010; Skopp *et al*, 2007). Finally, one of the studies divided their participants into three age groups (Buehler & Gerard, 2002): (i) 2-5 years (ii) 6-11 years and (iii) 12-18 years.

### Measurements within studies

Measurement of maternal warmth: Seven of the studies measured maternal warmth via standardised questionnaire only (Buehler & Gerard, 2002; Gonzales *et al*, 2000; Krishnakumar *et al*, 2003; McCloskey *et al*, 1995; O'Donnell *et al*, 2010; Skopp *et al*, 2007) three used observation measures only (Franck & Buehler, 2007; Levendosky *et al*, 2006; Sturge-Apple *et al*, 2010), and two used a combination of questionnaire and observation (Fauber, 1990; & Levendosky *et al*, 2006). Of the eight studies using information from questionnaires, two used mothers' reports only (Buehler & Gerard, 2002; Skopp *et al*, 2007), three used child report only (Gonzales *et al*, 2000; Krishnakumar *et al*, 2003; O'Donnell *et al*, 2010), and one used mother and child reports (McCloskey *et al*, 1995).

These differences in methodology highlight the lack of consistency across studies. It can be argued that self-report questionnaires and interviews are liable to bias. For mothers in these studies, there may be a wish to be seen in a positive light, and therefore they may respond with socially acceptable responses. This is particularly relevant given the sensitive nature of measuring parenting style. Equally, children may wish to present their mothers positively in consideration of their experiences of domestic violence. Maternal warmth in these studies is based on a mother's relationship with a child from the family. Parenting is known to be affected by child temperament (Belsky, 1984), and may therefore differ between children in the family. Observation studies have strength in their attempt to overcome participant bias, but they may result in increased performance-related anxieties. Accordingly

it is deemed favourable to use mixed methods, including questionnaire and observation, which were used in two studies (Fauber *et al*, 1990; Levendosky *et al*, 2006); or the use of multiple informants (Fauber *et al*, 1990; McCloskey *et al*, 1995).

Measurement of Child Outcomes: Eight of the studies used standardised questionnaire only to measure child outcome, and measured a range of child outcomes including internalising (Fauber et al, 1990; Franck & Buehler, 2007; Gonzales et al, 2000; O'Donnell et al, 2010; McCloskey, Figuerdo & Koss, 1995; Sturge-Apple et al, 2010) and externalising problems (Franck & Buehler, 2007; Gonzales et al, 2000; Levendosky et al, 2006; McCloskey et al, 1995, Figuerdo & Koss, 1995; Skopp *et al*, 2010; Sturge-Apple *et al*, 2010). All measures used in the studies were psychologically validates and frequently referenced in child outcomes literature. The most frequently used in the studies reviewed was the Child Behaviour Checklist (McCloskey et al, 1995) (CBCL), a measure of both internalising and externalising behaviours. This was completed by mothers in 6 studies (Beuhler & Gerard, 2002; Franck & Buehler, 2007, Gonzales et al, 2000, McCloskey et a, 1995, Skopp et al, 2007, Sturge-Apple et al, 2010). The Youth Self-Report version of the CBCL was used in 2 studies (Fauber et al, 1990, Krishnakumar et al, 2003). In terms of youth internalising behaviours, the Child Depression Inventory (Kovacs, 1981) was used in 2 studies (Fauber et al, 1990, Gonzales et al, 2000, O'Donnell et al, 2010). In addition to psychometric questionnaires, one study used an evidence-based structured interview, the Child Assessment Schedule (Hodges, 1986) to enable children to report on their own psychological outcomes (McCloskey et al, 1995).

The use of multiple informants increases the reliability of the reported behaviours (see table 2), where mothers may be hesitant to report difficulties in their children's behaviour or

well-being. Four of the studies used multiple informants (Fauber *et al*, 1990; Franck & Buehler, 2007; Gonzales *et al*, 2000; Skopp *et al*, 2007). Two of these used mother and child reports (Gonzales *et al*, 2000; Skopp *et al*, 2007) and two also included teacher reports (Fauber *et al*, 1990; Franck & Buehler, 2007). In using teachers' reports, studies offer a perspective of the child's adjustment outside the family home (and therefore away from the violence).

### **Synthesis of review findings**

The findings of this review aim to describe the results of 10 studies which explored the possible mediating or moderating effect of maternal warmth on the link between domestic violence and children's psychological and behavioural outcomes. Of the ten studies included in this review, the role of maternal warmth as a moderator was investigated in three studies (Franck & Buehler, 2007; McCloskey *et al*, 1995; & Skopp *et al*, 2007), as a mediator in six studies (Buehler & Gerard, 2002; Fauber *et al*, 1990; Gonzales *et al*, 2000; Krishnakumar *et al*, 2003; Levendosky *et al*, 2006; & O'Donnell *et al*, 2010), and one study examined the possible mediating and moderating effects of maternal warmth (Sturge-Apple *et al*, 2010).

Of the four studies that examined the possible moderating role of maternal warmth on the effect of domestic violence on child outcome, one found partial support for this hypothesis (Skopp *et al*, 2007). All six studies exploring the mediating effect of maternal warmth on the link between domestic violence and child maladjustment found supporting evidence (Beuhler & Gerard, 2002; Fauber *et al*, 1990; Gonzales *et al*, 2000; Levendosky *et al*, 2006; O'Donnell, 2010; & Sturge-Apple *et al*, 2010).

The findings of the articles are next discussed in relation to their quality rating (see table 2), and for ease of discussion and clarity, this section is divided into two sections; (i) child internalising and (ii) child externalising behaviours. The following section describes the differences between the studies and discusses possible explanations for inconsistency in findings. The focus is upon population; measures of maternal warmth and child outcomes; and extraneous variables controlled for; in terms of the study findings relating to the role of maternal warmth.

### **Internalising Behaviours**

Internalising behaviours are defined as a class of behaviours in which a child directs their negative feelings inwards. There are three classes of internalising behaviour, these are withdrawn, somatic and anxious/depressed (Child Behaviour Checklist, Achenbach & Edelbrock, 1983)

**Moderation:** There was significant evidence of a strong linear relationship between a child's exposure to domestic violence and the development of internalising behaviours (Levendosky *et al*, 1998, Few & Rosen, 2005, Jaffe *et al*, 2002, Patterson *et al*, 2008, Williams & Mickelson, 2004). Statistically, this relationship is described thus: domestic violence (variable X) is presumed to cause child's internalising behaviours (variable Y). In this context, maternal warmth would act as a moderator (M) if it alters the strength of the relationship between X (domestic violence) and Y (child internalising behaviours). A moderator may cause a weakening or amplification of the causal affect, and may even reverse the effect (Kenny, 2009).

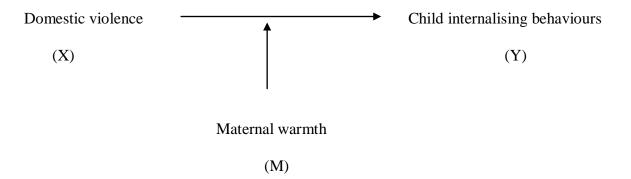


Figure 2: Diagrammatic representation of potential moderating effect of maternal warmth on the relationship between child exposure to domestic violence and the development of child internalising behaviours.

Three studies explored the possible moderating role of maternal warmth on internalising behaviour (Franck & Buehler, 2007; McCloskey *et al*, 1995 & Sturge-Apple *et al*, 2010). These found that maternal warmth did not have a moderating effect on the development of internalising behaviours in children exposed to domestic violence (Franck & Buehler, (2007)  $\Delta x^2(18) = 20.54$ , p = ns; McCloskey *et al* (1995) *ns*, *not reported*; & Sturge-Apple *et al* (2010), *ns*, *not reported*). These studies will now be critiqued to establish the relative confidence we can have in their findings.

All three of these studies are cross-sectional in design, enabling the studies to capture the role of maternal warmth in the relationship between exposure to violence and child internalising behaviours at a specific period of time. McCloskey *et al's* (1995) study, which was rated as the highest quality of the three studies, recruited participants from both domestic violence shelters for women and children, and from the community, enabling the inclusion of families who had been exposed to the most severe or frequent episodes of domestic violence (reference). In comparison, Franck and Buehler's study recruited participants from school communities, and from families in which both parents were living in the family home,

requiring all three family members (mother, father/mother's partner, and child) to consent to participation. There was a low up-take for this study (37%) and it may be hypothesised that those families experiencing more severe levels of domestic violence or experiencing the psychosocial effects of domestic violence may not have consented to taking part in this study. Sturge-Apple *et al's* (2010) study targeted families living in lower social economic status and at higher risk of psychosocial difficulties in their study. It is therefore possible that this study included participants with reduced resilience factors, such as social support, finances, and in this way reduced the generalisability of their study.

These studies also differ in the age range of participating children. McCloskey *et* al (1995) included children from 6years of age to 12years of age. Their findings that maternal warmth did not moderate the effect of domestic violence on child internalising behaviours are supported by the findings of Franck and Buehler (2007) who included children aged 11years of age. These findings were furthered by Sturge-Apple *et al's* (2010) study which included toddlers (average age 25.7months) in their study. These findings therefore may not be generalisable to children/adolescents over the age of 12years.

The quality of these studies is affected by the measures and informants used to assess both maternal warmth and child outcomes. McCloskey et al's (2010) study has a greater quality rating in terms of measure of maternal warmth, because it gained both mothers' and children's perception of the warmth shown by a mother to a child, through the completion of questionnaires. The mothers completed the Parental Authority Questionnaire (PAQ, Hazzard, Christensen & Margolin, 1983) and children completed the Parent Perception Inventory (PPI, Buri, 1989). These measures are both reported to have internal consistency and test-retest reliability by their authors, and the PAQ has demonstrated external validity (Buri, Louiselle,

Misukanis & Muleer, 1988). Both are related to parenting dimensions as described by Baumrind (1971). Through the use of these two measures, McCloskey *et al* (1995) were able to gain both mother and child perceptions of mothers' warmth toward the child. This strengthens the study, by gaining multiple perspectives. One difficulty in relying on questionnaire measures of maternal warmth only, is the potential for participants to give socially desirable answers; this could have been improved through the use of observation of maternal warmth. Both Franck and Buehler's (2007) and Sturge-Apple *et al*'s studies rely solely on observation of maternal warmth. In this way they gain an independent measure of maternal warmth. However reliance on observation alone also risks a skewed reflection, due to either the anxiety of being observed or, again, attempts to display socially desirable behaviours.

In all three studies, child outcomes were rated by questionnaires, based on the Child Behaviour Checklist (CBCL, Achenbach & Edelbrock, 1983) and therefore included depression/anxiety, withdrawal, and somatic problems internalising problems, based on mothers' reports. This is a well-evidenced and valid measure of children's internalising behaviours. The limitation of having only one informant has been mentioned previously (see previous study description section). Franck and Beuhler (2007) strengthened their study through gaining data from multiple informants (mother, father, teacher and children) in their study. McCloskey *et al* (1995) and Sturge-Apple *et al* (2010) used only mothers' report of child internalising behaviour. This was limited due to the young age of children in Sturge-Apple *et al*'s (2010) study. In addition McCloskey *et al* (1995) used two measures both the CBCL and the Child Assessment Schedule (CAS, Hodges, 1986). In this study the total symptom scores from the CAS were cross-validated with those of the CBCL, finding that the two scores were correlated above 0.88.

In summary, the three cross-sectional studies which explored the moderating role of maternal warmth in the link between domestic violence and child internalising behaviours, found no evidence to support this hypothesis. These studies included children aged 2 years (Sturge-Apple *et al*, 2010), and those between 6 and 12 years (Franck & Buehler, 2007, McCloskey *et al*, 1995) utilising reliable measures of maternal warmth, domestic violence and child outcomes.

Mediation: Five studies investigated the potential meditating role of maternal warmth on the effects of domestic violence on children's internalising behaviours (Fauber *et al*, 1990; Gonzales *et al*, 2000; Krishnakumar *et al*, 2003; O'Donnell *et al*, 2010; & Sturge-Apple *et al*, 2010). Mediation analysis attempts to explain the process by which a variable X (domestic violence) affects an outcome Y (child internalising behaviours). In the context of domestic violence, low levels of maternal warmth would be described as completely mediating the direct relationship between domestic violence and child internalising behaviours if they reduce this relationship such that domestic violence no longer had an impact on child internalising behaviours. Partial mediation is found where the direct path between domestic violence and child internalising behaviours is reduced in the presence of maternal warmth. Mediation analyses are performed to attempt to understand the mechanism through which the variable (domestic violence) affects the outcome (child internalising behaviours), see figure 3.

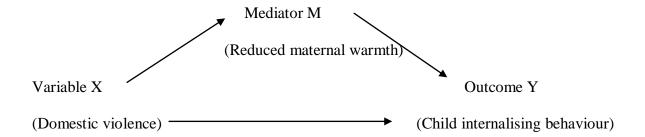


Figure 3: process by which maternal warmth is hypothesised to mediate the effect of domestic violence on the development of child internalising behaviours.

Four of the studies exploring the possible mediation role of maternal warmth on the development of internalising behaviours in children exposed to domestic violence found evidence to support the role of reduced maternal warmth as a mediator between domestic violence and children's internalising behaviours (Fauber *et al*, 1990; (intact sample, b=0.26,  $R^2$ =0.122; divorced sample, b=0.48,  $R^2$  = 0.24); Gonzales *et al*, 2000; (t(95) = 0.44); O'Donnell, 2010; ([F (1,81) = 11.36, p<.001]); & Sturge-Apple *et al*, 2010; (z' = 2.18, p < .05;). However, Krishnakumar found no support for reduced maternal warmth mediating the effect of domestic violence on children's internalising behaviours.

Of the four studies that found evidence of the mediation role of reduced maternal warmth on the development of internalising behaviours in children exposed to domestic violence, three were of cross-sectional design (Fauber *et al*, 1990, Gonzales *et al*, 2000, Sturge-Apple *et al*, 2010). The weakness of this design was discussed in the previous section (description of studies). However these findings were supported by those of O'Donnell *et al* (2010) which had a longitudinal design, therefore further increasing our confidence in these

findings. Krishnakumar's study (2003) also used a cross-section design, and it therefore appears that the contrasting findings of this study are not due to this design feature.

The study with the highest quality scoring (Fauber et al, 1990) recruited participants from the general community using multiple media methods. In addition, they recruited from families that had recently divorced who were identified through local courthouse records. This aimed to give access to families with potentially differing levels of domestic violence exposure. The results showed that the different samples did not differ in levels of domestic violence. However, there was a stronger association between domestic violence level and reduced maternal warmth in the recently divorced sample. This is hypothesised by the authors to be related to increasing levels of distress in mothers who are recently divorced. This use of multiple samples of recruitment is a strength over the other studies, within which the most common form of sampling was through access to school populations (Gonzales et al, 2000, Krishnakumar et al, 2003, O'Donnell et al, 2010). A potential weakness of these studies is that they do not include children who are excluded from school or do not attend school for any number of reasons such as health, but these may also be associated with additional pressures on the family. Sturge-Apple et al's (2010) study accessed participants recruited via another study of domestic violence and parenting, and therefore relied on their ability to recruit participants who had been exposed to various levels of domestic violence.

These five studies exploring the possible mediation role of maternal warmth on internalising behaviours, varied in sample size from 88 participants (O'Donnell, 2010) to 692 (Krishnakumar *et al*, 2003). The smaller sample size in O'Donnell's study (2010) can be understood to be associated with the longitudinal design; in addition all participants were children and may be more difficult to engage over a period of time. It seems that the variation

in sample size is unlikely to be associated with difference in findings between the studies. Krishnakumar having a very large sample size would give confidence in the results, and therefore the difference in finding seems to be more related to differences in the sample rather than size of the sample.

The four studies which found support for the mediating role of reduced maternal warmth included children aged from as young as 25months to 14years 11months. This is a significant difference between these studies and that of Krishnakumar which did not support these findings. Krishnakumar *et al*'s (2003) study included children and young people aged between 10years and 18years of age, and it may therefore be hypothesised that the role of maternal warmth may be different in adolescents as a possible explanation for their contrasting findings.

Differences in the economic status and ethnicity of participant groups may provide further explanation for the differing findings between the studies. It is of note that participants in Gonzales *et al* (2000), O'Donnell *et al* (2010), and Sturge-Apple *et al* (2010) studies were described of being from low socio-economic backgrounds, contrasting to those recruited to Krishnakumar's study, that were described as being from a middle-class background. It may be that children from middle-class backgrounds who attend school may be more resilient to the effects of domestic violence and lack of maternal warmth through their school attendance, and reduced financial pressures on the family. School is described as providing a secure base and links to self-esteem and future prospects and teachers and peers can act as confidants for children (Warwick, 2004), all of which are identified as resilience factors.

Ethnicity of participants is another area of difference between the studies.

Krishnakumar *et al*'s study (2003) explored the role of maternal warmth in the relationship between domestic violence and the development of internalising behaviour in children in participants from two ethnic backgrounds; as such participants were recruited from African American and European American backgrounds. This study showed that mothers' warmth toward their child was not affected by exposure to domestic violence in the African American population, contrasts to the findings of the other studies which included participants predominantly from minority ethnic population, with the exception of Fauber *et al*'s (1990) study, which did not state the ethnic origin of their participants.

Another area of variability that can be considered to explain the contrasting findings between the studies is the method used to measure the mother's expression of warmth towards her children. All of the five studies that explored the possible mediating role of reduced maternal warmth on the child's development of internalising behaviours in the presence of domestic violence used reliable and validated measures of maternal warmth. Four of the studies utilised the CRPBI and therefore we can be confident that they were exploring the same concept of maternal warmth (Fauber *et al*, 1990, Gonzales *et al*, 2000, O'Donnell *et al*, 2010, Krishnakumar *et al*, 2003). Three of these studies used child completed CRPBI scores only which means that we are less confident in their results than using multiple methods or multiple informants would provide. This is a strength of Fauber *et al*'s (1990) study, in which in addition to child completed CRPBI, the participating mother's also completed CRPBI's and maternal warmth was observed during a mother-child interaction. No differences were found in these results between mother and child scores of maternal warmth. The fifth study, Sturge-Apple *et al* (2010) used an observation method of measuring maternal warmth (strengths and limitations of this are discussed in previous section

discussing moderating role of maternal warmth), increasing our confidence in these findings. Accordingly, it is unlikely that this explains the contrasting findings of Krishnakumar *et al*'s (2003) study.

Quality scores of the studies are also related to the measures and informants used to assess child internalising behaviours. Internalising behaviour can be defined as belonging to three classes; withdrawn, somatic and anxious/depressed (Child Behaviour Checklist, Achenbach & Edelbrock, 1983) and therefore, differences in findings could relate to different classes of internalising behaviour being measured. The study with the highest quality rating in this section (Fauber et al, 1990) utilised multiple measures and multiple informants. Depressive symptoms were measured by child reports on the Child Depression Inventory (CDI, Kovacs, 1981) and mother reports on the CDI-Parent version (CDI-P, Kovacs, 1981), and anxiety and withdrawn symptoms were measured using mother, child and teacher versions of the Revised Behaviour Problem Checklist (RBPC, Quay & Paterson, 1983). Therefore, Fauber et al (1990) measured all three classes of internalising behaviours which is a further strength of this study. These results are therefore comparable to those of Gonzales et al (2000) and O'Donnell et al (2010) both of which used the CDI as a measure of children's depressive symptoms. However, these studies did not explore the anxious or somatic classes of internalising behaviours. The CDI measures for cognitive, affective and behavioural symptoms of depression and is a highly evidenced measure. Sturge-Apple et al (2010) and Gonzales et al (2000) relied solely on mother reports of child internalising behaviours, and are therefore of lesser quality, but support those of Fauber et al (1990). In contrast, Krishnakumar et al (2003) relied solely on children's self-ratings of internalising behaviours, based on scores derived from the Youth Self Report, version of the CBCL (YSR, Achenbach, 1991).

There is therefore a consistent finding across four of these studies (Fauber *et al*, 1990, Gonzales *et al*, 2000, O'Donnell *et al*, 2010, Sturge-Apple *et al*, 2010) despite different methodology and designs, that maternal warmth mediates the relationship between exposure to domestic violence and children's development of internalising behaviours. The ages of children in the studies that found evidence for maternal warmth mediating child outcomes in the context of domestic violence ranged from 25 months (Sturge-Apple *et al*, 2010) to 14years 11month (Fauber *et al*, 1990), suggesting that maternal warmth is important in childhood adjustment in the context of domestic violence from early childhood to early adolescence. However, there was no evidence of maternal warmth mediating internalising behaviour in children over 14 years 11months derived from a middle-class background, with only Krishnakumar *et al* (2003) including children between 15 and 18years, from this economic class.

## **Externalising Behaviours**

Of the ten papers identified in this review, nine looked at the role of maternal warmth in linking domestic violence and child externalising behaviour problems.

Moderation: Four studies looked at the moderating role of maternal warmth in relation to externalising behaviours in children exposed to domestic violence (Franck & Buehler, 2007; McCloskey *et al*, 1995; Skopp *et al*, 2007 & Sturge-Apple *et al*, 2006). Similar to the findings on internalising behaviours, three of the studies failed to find support for a moderating role of maternal warmth (Franck & Buehler, 2007, McCloskey *et al*, 1995, Sturge-Apple *et al* 2010). In contrast to these findings evidence that maternal warmth did protect children from develop externalising behaviours, where children reported on their

behaviours, was found by Skopp *et al* (2007). However, where mothers reported on child behaviours, this was only found for daughters. This conflicts with the findings of Sturge-Apple *et* al's (2010) study, which found that child gender did not affect the pathways between domestic violence and the development of children's externalising behaviours. Gender was not controlled for in the other studies; however equal numbers of boys and girls were sampled in the studies.

All four studies were cross-sectional in design. The strengths and limitations of this design have been discussed previously. The difference in recruitment between three of these studies has been discussed previously (synthesis of findings, moderation internalising behaviours). The additional study in this section Skopp *et al* (2007) recruited participants from the general community, including participants from a range of socio-economic background. Child ages in the Skopp *et al* (2007) study were between 7 – 9years of age, and therefore are similar to those in McCloskey *et al's* (1995) study. All studies recruited participants from ethnically diverse backgrounds and therefore study design and recruitment of participants do not appear to account for difference in findings between the studies.

In measuring maternal warmth two studies used observation techniques (Franck & Buehler *et al*, 2007, Sturge-Apple *et al*, 2010) and two used questionnaire methods (McCloskey *et al*, 1995, Skopp *et al*, 2007. These studies therefore could all have been improved by using multiple measures of maternal warmth. McCloskey *et al's* (1995) measured both mother and child perception of maternal warmth, which adds strength to their findings, compared to the other studies which, relied on single informants. A strength of Skopp *et* al's (2007) study over the other three studies was in comparing results for families with high and low levels of maternal warmth. This is a gives greater confidence in their

findings, in comparison with the other studies in which the low levels of maternal warmth were observed. Significantly Skopp *et al* (2007) looked specifically at the role of warmth as a protective factor, in comparison to the other studies in which this was an addition to the main hypothesis.

In rating children's externalising behaviours three of the studies gained multiple perspectives (Franck & Beuhler, 2007, McCloskey *et al*, 1995, Skopp *et al*, 2007), this was not done in Sturge-Apple *et al's* (2010) study, due to young child age. A possible explanation of the different findings in Skopp *et al'*s study is related to the measure of child externalising behaviour. Child reports of their own behaviours were measured using a non-published scale (Child Disruptive Behaviour Scale CDBS) which is a weakness of this study. However, these scales of this measure were found to be significantly correlated with mother reports on the CBCL  $(r_{-}.22, p_{-}.01)$ .

It is not possible to conclude whether maternal warmth does or does not moderate the effects of domestic violence on child externalising behaviours. These findings suggest that further research utilising longitudinal design and multiple measures on both warmth and child behaviour would significantly improve this area of research and give more confidence in findings.

**Mediation:** Five studies explored the mediating role of maternal warmth (Fauber *et al*, 1990; Gonzales *et al*, 2000; Krishnakumar *et al*, 2003; Levendosky *et al*, 2006; & Sturge-Apple *et al*, 2010). All of these studies found that maternal warmth had a mediating role within their studies; however there were some differences between the findings. Two studies sub-divided their samples into married and divorced groups (Fauber *et al*, 1990; & Krishnakumar *et al*,

2003), and these studies both found support for low maternal warmth mediating the effect of domestic violence on child externalising behaviours in divorced families, but only partially mediating the effect in intact families. These findings highlight the indirect effect of domestic violence on children's development of externalising behaviours where families remain together. In support of this, the remaining studies, which do not divide their participants according to marital status, all found evidence that domestic violence indirectly affects children's development of externalising behaviours through reduced maternal warmth (Gonzales *et al*, 2000; Levendosky *et al*, 2006 & Sturge-Apple *et al*, 2010). Conversely, Krishnakumar found no evidence that maternal warmth was affected by the presence of domestic violence in their sample of African American mothers, as described in the 'internalising behaviour' section.

As a number of these studies are described in some depth in the previous findings related to internalising behaviours this will not be repeated here. Levendosky *et al*'s (2006) study adds longitudinal data to the evidence. Interestingly their findings found no association between domestic violence during pregnancy, and mothers' parenting when children were one year of age. However in comparison, domestic violence occurring when the child was one year old, did affect mothers' abilities to be warm and responsive to their child. Domestic violence during pregnancy had a direct effect on child externalising behaviour at one year of age, but current domestic violence (as measured at child age 1 year) did not have a direct effect on child externalising behaviours. This effect only occurred through mediation (indirect).

This consistency in findings suggest that we can have a reasonable level of confidence that reduced maternal warmth has a mediating effect on children's development of

externalising behaviours in response to exposure to domestic violence, despite the small number of studies and varying quality.

In addition one study explored the role of maternal warmth in internalising and externalising behaviours. However, these were grouped together as child maladjustment (Buehler & Gerard, 2002). This study looked at the role of "parental involvement" described as "the quality of affectional bond between parent and child, and with the physical, verbal and symbolic behaviours parents use to express their feelings", which relates to the description of warmth used in this review "a mother's affection, care, support and nurturance to her child, which can be observed through a mother's physical actions, such as hugging her child, and through verbally supportive responses to her child". This study of a lower quality gained an insight to maternal warmth (involvement) in the context of domestic violence for children ranging from 2-18 years of age, using only mother reports for both maternal warmth and child behaviours. This study used their own measure of involvement and this varied between age groups and is therefore less valid than those reporting on validated published measures. The results of this study identify maternal warmth as a mediator of children's maladjustment for children aged 2-11 years. However, this study did not support mediation in the adolescent (12-18years) group. These results suggest that maternal warmth may have a different significance for older children; however, due to the lower quality of this study and the combination of internalising and externalising behaviours into one score, it is proposed that further research into the role of maternal warmth in older adolescents would be needed to support their findings.

#### DISCUSSION

A mother's ability and capacity to be a warm and nurturing in the context of domestic violence has been the subject of much research with inconsistent results (Bradford *et al*, 2004; Davies *et al*, 2002; Holden & Richie, 1991; Letourneau *et al*, 2007; Levendosky *et al*, 2000; Levendosky & Graham-Bermann, 1998; Kalil *et al*, 2003; & Rea & Rossman, 2005). This study reviewed the literature that investigated the role of maternal warmth in the relationship between domestic violence and child maladjustment.

Ten studies that explored the potential moderating and mediating roles of maternal warmth in the context of domestic violence were reviewed. There was reasonable agreement in the findings of the studies despite differences in methodology and ages of the children considered. The findings suggest that reduced maternal warmth mediates the effect of domestic violence on internalising behaviours (Fauber *et al*, 1990; Gonzales *et al*, 2000; O'Donnell *et al*, 2010 & Sturge-Apple *et al*, 2006) and externalising behaviours (Gonzales *et al*, 2000; Levendosky *et al*, 2006 & Sturge-Apple *et al*, 2010) in families with divorced parents. The mediating effect is partial in intact families (Fauber *et al*, 1990, and Krishnakumar *et al*, 2003). That is, domestic violence has an indirect effect on children's psychological well being and behaviour, which was partly through reduced levels of maternal warmth.

The findings of this review should be viewed in light of the complexity of family systems. Maternal warmth has been shown to have a mediating effect, but does not account for all the variance between domestic violence and child adjustment. A number of additional factors have been suggested as mediating the effects of domestic violence on child outcome, and maternal warmth may also be affected by multiple variables within the family system.

Levendosky *et al*, 2006, propose an ecological model which attempts to demonstrate the interaction of a number of these variables.

Limitations of the research: A significant limitation of this review is that only articles that analysed the mediation model were included. In doing so a number of studies were excluded in which the four conditions which are considered necessary for a variable to be considered a mediator (Baron & Kenny, 1986) were not found (Rea & Rossman, 2005). This included studies which did not find a direct effect of domestic violence on maternal warmth, but which provide evidence that, for some mothers, the ability to be warm and nurturing is not affected by their experience of domestic violence (Casanueva, 2008; Kalil *et al*, 2003; & Whiteside-Mansell *et al*, 2009). In fact some studies have found the opposite, where it is hypothesised that mothers actively attempt to compensate for their children's experiences, by increasing their responsiveness to their child (Letourneau 2007). Graham-Bermann and Levendosky (1998) found that non-battered mothers rated themselves as more effective parents than did battered mothers.

This study also excludes qualitative studies. However utilising qualitative methodologies, to explore children's perceptions of role of maternal warmth on their adjustment to domestic violence would add understanding about their lived experiences, and about the psychological process through which reduced maternal warmth affects children.

Further methodological limitations of the studies in this review include the reliance on cross-sectional design. Only two of the ten studies used a longitudinal design. There is also an over-reliance on single reporters of measures; this is particularly associated with a reliance on mothers. Difficulties with reliance on self reports in parenting have been demonstrated,

where self report and observation found contradictory results (Levendosky *et al*, 2003; & Holden & Ritchie, 1991). With respect to reliance on mothers' report of children's internalising behaviours, it is proposed that a withdrawn (and therefore less warm) mother may be less aware of withdrawal in their children, and likely to be hypersensitive to more challenging externalising behaviours (Morrel *et al* 2003). A longitudinal study of the effects of early and later family violence on children's behaviour problems and depression in both middle childhood and adolescence, also found that the relationship between concurrent behaviour problems and abuse by informant, and they were strongest when children were the informants (Sternberg *et al*, 2006). Therefore use of multiple informants is recommended, to evaluate and assess the effects of domestic violence on children's behaviour.

This review explored the effects of domestic violence in which the mother was the victim. The results cannot be generalised to all domestic violence; such as where the mother is the perpetrator of the violence; or where the violence is not perpetrated by the mother's male partner (e.g. other family member; same sex partnerships; child to mother abuse; mother to child abuse), nor can they be generalised to the role of father's warmth in the context of domestic violence.

#### **Future research**

The addition of longitudinal studies that consider the impact of domestic violence on mothers' ability to be warm nurturing parents, and the impact of this on children's adjustment over time, would be of great benefit to clinicians and policy makers working in the fields of domestic violence and children's services. In addition, research into the effects of domestic violence on maternal warmth in different ethnic cultures would be beneficial; Bradford *et al* (2004) have looked at the effects of parenting in the context of domestic violence in a multi-

national study, which found similar results at each of the sites. This study was based exclusively on adolescent report. Therefore the possible effects on younger children and mothers' perspective remain in need of exploration.

These studies do not explore the processes by which domestic violence causes reduced levels of maternal warmth, and this area could add to the understanding of the processes by which domestic violence indirectly affects parenting and child adjustment.

### **CONCLUSION**

Reduced maternal warmth is a mediator in the relationship between domestic violence toward a mother's and child's adjustment difficulties, leading to both internalising and externalising behaviours. This was supported in children of ages ranging from 1-15 years, and within samples of diverse ethnicity. In reviewing the literature it is clear that the experience of living with domestic violence has indirect effects on children, that is at least partially mediated through its effect on maternal warmth. For mothers, the effects of being a victim of domestic violence affects the ability to parent through a number of variables, not discussed here, resulting in reduced levels of maternal warmth. It is noted that domestic violence may impact on other aspects of mother's parenting, such as parenting stress, and consistency, not discussed here. It is also important to note that not all female victims of domestic violence are "bad mothers" (Letourneau, 2007). In light of the differing findings, and the number of variables affecting mothers' parenting, and children's adjustment in the context of domestic violence, it is recommended that interventions and support for families should be individually tailored to their diverse strengths, weaknesses and needs. In supporting women and children who have lived with domestic violence, support should consider both mothers' well-being and child's emotional adjustment.

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# **Section Two: Research Paper**

Exploring Resilience in Women and their Daughters Who Have Experienced Domestic Violence

Prepared for submission to Journal of Family Violence

**ABSTRACT** 

The impact of experiencing domestic violence for women and children has far-

reaching effects, including psychological, physical and social well-being. However, there is

evidence that a number of women and children not only survive the abuse but go on to have

positive lives. The aim of this study was to explore the resilience processes that enable

mothers and children exposed to domestic violence to cope with their experiences.

Participants were recruited from a service providing refuge to women and children who had

experienced domestic violence. Four mother-daughter groups took part in a photo-taking

activity, in which they took photographs to represent strengths in their relationships. This was

followed by a semi-structured interview. The analysis of their stories described how

resilience developed over time, as an interactive process. Reaching a breaking point in which

they were no longer able to cope with the violence, these families moved into a women's

refuge, which provided vital safety and a sense of security for them. Their resilience

developed as they grew in esteem and their identity changed from that of victims to survivors.

The mother-child relationship and connections with their extended family were seen as

pivotal to this process, and recommendations are described.

**Key words:** Domestic Violence, Resilience, Mother-child Relationship, Interpretative

Phenomenological Analysis

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#### INTRODUCTION

This study explores resilience within the relationship of mothers and their children who have lived with domestic violence. Despite evidence that a positive relationship between mothers and their children can be a protective factor in high risk populations, there is a current lack of research into the impact of domestic violence on the relationship between mother and child. <sup>1</sup>

The prevalence of domestic violence in the general population is described as high. Findings from the 2008/9 British Crime Survey (BCS, Home Office, 2009)state that 6% of women and 4% of men within a nationally representative sample of 46, 286 people, aged 16-59, experienced an incident of domestic violence. Although both men and women experience domestic violence, women are more likely to be victims (77% of incidents) and one in four women experience domestic violence in their life time. In addition, 38% of individuals who were victims of domestic violence tended to experience multiple rather than single episodes (Home Office, 2008/9). The presence of children in the household increases the risk of domestic violence for women two-fold (Walby & Allen, 2004). The Department Of Health estimated that at least 750, 000 children in England and Wales were living with domestic violence in their families (DOH, 2010).

The risk of a woman experiencing domestic violence may not be reduced even if she chooses to leave her husband/partner. According the British Crime Survey (Home Office,

<sup>&</sup>lt;sup>1</sup> The Home Office define domestic violence as "Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality." (Home Office, 2004, page number 1)

2001) of the female victims of domestic violence who remain in contact with the perpetrator because of visitation rights to child, 29% had been threatened, 13% had been abused in some way, and children had been threatened or physically assaulted in 3% of cases (Walby & Allen, 2004). Therefore, the overlap between domestic violence and child maltreatment is apparent and warrants investigation in its own right.

## The impact of domestic violence on mothers and children

In light of the co-occurrence of domestic violence and child maltreatment, it is important to understand the experiences and effects upon women and children living with domestic violence. The literature reveals that domestic violence has a multitude of serious negative consequences for women and children; including medical, behavioural, psychological and social (Robinson, 2003; Holt, Buckley & Whelan, 2008; Horner, 2005; Beeble, Bybee & Sullivan, 2007; Chemtob & Carlson, 2004, Grych, Jouriles, Swank, McDonald & Norwood, 2000; Mullender, 2000; Humphries & Thiara, 2003). These poor psychosocial outcomes include increased rates of depression (Few & Rosen, 2005), anxiety (Williams & Mickelson, 2004 & McCloskey *et al*, 1995), low self esteem (Tilley & Brackley, 2004) and trauma related symptoms (Humphries & Joseph, 2004; Levendosky & Graham-Bermann, 1998).

## Mothering in the context of domestic violence

Collectively, the literature on children's exposure to domestic violence presents a deficit model of mothering, focusing on women's 'failures' as mothers. Pepler *et al* (2000), argue that women who experience domestic violence have few resources available to them, and that consequently some mothers may fall short in terms of the quality of nurturance and support they give to their children. However it is important to recognise that a substantial

number of children and mothers manage to thrive despite prior exposure to domestic violence. Research shows that significant numbers of children displayed few negative reactions to domestic violence, and some were rated as having above average social skills and social adjustment (Wolfe *et al*, 1988; Fantuzzo & Lindquist, 1989). It is estimated that between 55% and 65% of children who live with domestic violence appear to be resilient and show no adverse effects (Hughes, Graham-Bermann & Gruber, 2001).

#### Resilience in women and children

Resilience may be a factor in understanding why some women and children who have lived with domestic violence do not appear to be as adversely affected as others (Hester, Pearson & Harwin, 2000; Kitzmann *et al*, 2003 Jaffe, Wolfe & Wilson, 1990; Radford & Hester, 2006; and Werner-Wilson, Zimmerman & Whalen, 2000). Research on resilience aims to understand the processes that account for these good outcomes. Masten (2001) defined resilience as a class of phenomena characterized by "*good outcomes in spite of serious threats to adaptation or development*". Resilience can be understood as a complex interaction of individual attributes, family milieu and social factors that in combination enable individuals to overcome adversity. It is not believed to be an individual characteristic, but a dynamic process that occurs across life stages (Calhoun & Tedeschi, 2006).

A number of factors have been identified as interacting to increase resiliency. These include; connections to competent and caring adults in the family and community, cognitive and self-regulation skills, positive view of self, and motivation to be effective in the environment (Anderson, 2010; Atwool, 2010; Calhoun & Tedeschi, 2006; Garmezy, 1985; Luthar *et al*, 2000, Masten *et al*, 1990; Masten & Coatsworth, 1998; Masten, 2001; Rutter, 1985; Werner & Smith, 1992).

The literature on resilience among children living in high risk environments suggests that a warm and supportive relationship with an adult, particularly a parent, may help prevent the development of psychological problems (Daniel & Wassell, 2002; Guille, 2004, Holt, Buckley & Whelan, 2008; Kashani & Allan, 1998; Levendosky & Graham-Bermann, 1998; and Masten & Coatsworth, 1998). Matson and Coatsworth (1998) note that effective parents in extremely dangerous environments are likely to be stricter but remain warm and caring. The quality of this relationship is believed to provide the child with a sense of connectedness (Clinton, 2008). The importance of a relationship with a parent or caregiver suggests a fundamental role for attachment in the development of resilience. Sensitive and responsive caregiving in the first year of life has been found to be the most powerful predictor of childhood resilience (Werner & Smith, 1992, Atwool, 2006). Secure attachments are related to other aspect of resiliency, in the development of relationships with friends, and self-belief (Finger *et al*, 2010). Individuals who have experienced secure attachments are more likely to develop a positive internal working model of self and others. This promotes pro-social skills, self-esteem and empathy (Atwool, 2006).

## The impact of domestic violence on mothers' and children's resilience

Domestic violence can undermine resilience factors for women where perpetrators prevent contact with family and social supports, damaging their esteem (Mullender, 2002). Research into resilience amongst women who have survived domestic violence suggests that an interaction of factors such as a women's optimism, self-esteem, flexibility and physical health, promote resilience (Foa, Cascardi, Zoellner & Feeny, 2000).

In understanding the effects of domestic violence on children, Anderson and Danis (2006) explored resilience in women who had been exposed to domestic violence as children. Their findings described coping strategies which the women adopted as children such as trying to make sense of the violence, creating a psychological or physical safe space, keeping siblings safe, and attempting to intervene in their parent's violence. In addition to this, Holt, Buckley and Whelan (2008) studied children's experiences of domestic violence and found that children with high self esteem in one area (for example school) may focus on and build on that domain, which allows them to adapt to their violent family more easily.

Communication has also been hypothesised as a protective factor for children living with domestic violence (Mullender *et al*, 2002). Mullender *et al* (2002) looked at children's experiences of domestic violence and found that those who reported good communication with the non-abusive parent or caregiver, adapted better once they left the violent household. However, McGee (2000) found that mothers may find it difficult to talk to children about the violence, believing this to be protective, and /or because they are unsure how to do this.

Resilience is not an isolated individual characteristic (Atwool, 2006, Matsen, 2001, Rutter, 1999), but is both developmental and distributed. That is, resilience is strongly influenced by people's patterns of interpersonal relationships (Rutter, 1999), including significant others, such as parents, teachers and siblings (Walsh, 2003). An individual's ability to 'be resilient' is partly a reflection of the development and strength of the relationships around them. Attachment theory also contributes to this, clearly outlining the significance of resilience as the key to all aspects of culture, community, relationships and individual traits (Atwool, 2006). Within families, relational processes mediate the coping and recovery of family members, and support optimal adaptation (Walsh, 2003). The most crucial

factors in dealing with adversity are effective family processes and caring, committed relationships (Walsh, 2003).

Anderson and Danis (2006) have suggested that resilience can be understood as a process that emerging from the interplay between risk (e.g. domestic violence) and protective factors (e.g. interpersonal relationships) and which continues to develop throughout a person's life. Feminist theories view domestic violence as the systematic abuse of women, and so an attempt to stop an abuser's violence, or to protect oneself and one's children, can be viewed as an act of resilience (Anderson & Danis, 2006). Families develop shared identities from the spoken and unspoken values and norms that guide their relationships. Daily routines and rituals contribute to this process of building a sense of 'who a family is' and how they are different from other families around (Patterson, 2002). In exploring the accounts of mothers and daughters in this study, I hope to capture the relational meaning of 'being a family that has coped with domestic abuse.' In particular, asking the participants (both mothers and their daughters) to focus on the strengths in their relationships will provide evidence of those aspects of their relationships which supported the resilience process, as they understand it.

Research into the relationships between mothers and children who have been exposed to domestic violence will provide insight into the strengths that have helped them to survive these experiences. In order to promote better outcomes for children and women who have lived with domestic violence, it is essential to broaden our understanding of the role that the mother-child relationship can have in facilitating the transition away from a violent household to a place of safety. By raising awareness of resiliency factors in the mother-child relationship, services may be able to target support to enhance their positive attributes and

improve outcomes for families who have escaped from domestic violence. Inclusion of both mothers and children in this study provides unique opportunity to observe their interactions during the interview process. The British Psychological Society (2004) emphasizes the potential for accessing children's and adolescent's views in research as a rich and valuable resource.

Qualitative enquiry is increasingly recognised as making a significant contribution to psychological literature (Turpin *et al*, 1997), through its aim of exploring personal experience and capturing the meaning of particular phenomena for the individual (Jelbert, Stedmon, & Stephens, 2010). A qualitative approach to this area will offer an understanding of the experiences and processes that create resilience in mothers and their children. Interpretative Phenomenological Analysis explores an individual's personal perception or account of an event through an interpretative activity. The interpretative nature of the analysis acknowledges the researcher's own conceptions, resulting in an analysis which is the joint product of both the participant and the analyst (Smith & Dunworth, 2008).

The aims of this study are to utilise creative innovative methodologies to engage with mothers and children who have experienced domestic violence. In this way, this study aims to hear their voices and how they understand the role of their relationships in enabling them to be resilient in the face of such adversity.

#### **METHOD**

## **Context**

Women's refuges provide a place of safety for women and children, and offer a temporary residence during their transition from their violent home to a new accommodation.

Refuges protect families from abusive partners and therefore can be difficult to gain access to. Staff working within these services have their residents' welfare and protection as their key role and are sceptical about outsiders wishing to carry out research within the service, and are motivated to avoid causing any upset for those vulnerable residents.

### Design

Each participating family took photographs that represented the strengths in their relationship during the time they lived with domestic violence, and since moving to the refuge. From the developed photographs the family chose those they felt were most relevant to the study and these were arranged to form a photo-story (see appendix 4). A single interview was then conducted with each participating family, the duration of which was between 60 and 90minutes. Each interview was audio-recorded and guided by the photo-story and a semi-structured interview schedule (see appendix 5).

# **Participants**

Women and their children (aged 4-17 years-old) residing within local women's refuges were invited to participate in the study. The sample were defined as broadly 'resilient' on the basis that had survived domestic abuse, and had successfully begun the transition away from its source, and had begun to rebuild their lives through returning to school and normal daily activities.

Children below the age of 4 years were excluded because it was believed that they would be unable to engage in the research process due to their developmental stage. Also, to keep a focus on mothers' and children's relationships during and after exposure to domestic violence, participants were excluded if the children had not lived with their mother during the

violence, or were not currently living with their mother. Individuals who were not able to engage in the interview process in the English language, were also excluded as it was thought that the interpreting process may influence the quality and process of collecting the data.

There were initially 9 women interested in the research. Two mothers were unable to participate as their children were too young (0-3 years), one mother moved on from the refuge before completing a consent form, and two mothers consented to take part but moved out of the refuge before completing the research. All children who participated in the study were female. However, it should be noted that the refuges have a policy not to accept boys over the age of 14 years.

Four mother-child dyads/groups (4 mothers 7children) were recruited, which is considered a suitable number for the process of Interpretative Phenomenological Analysis (Smith & Osborne, 2003). Demographic information for participants is shown in table 1. Three of the families were white working class, and one family were of Asian ethnicity. One child, (Rachel) initially did not want to participate in the research, but chose to join her mother and sister during the interview phase. None of the mothers were currently employed.

Table 1 Participant demographics

Family		Child Age in years & Gender**	Child participating	Duration of domestic violence	Ethnicity
Family 1	Mum (Ann)			3 years	White British
	David	34 years (M)	No		
	Gemma	17 years (F)	Yes		
Family 2	Mum (Tina)			7 years	White British
	Rachel	12 years (F)	Yes		
	Rhian	8 years (F)	Yes		
Family 3	Mum (Dal)			9 years	Asian
	Sobia	8 years (F)	Yes		
	Syretta	6 years (F)	Yes		
	Aaliyah	4 years (F)	Yes		
Family 4	Mum (Claire)			15 years	White British
	Richard	19 years (M)	No		
	Thomas	18 years (M)	No		
	Sarah	16 years (F)	No		
	Elizabeth	4 years (F)	Yes		

<sup>\*</sup>All names have been changed to protect confidentiality \*\*M = male; F= female

#### **Materials**

Photovoice: The Photovoice process aims to use photographic images to give voice to participants (Strack, Magill, and McDonagh, 2004; Wang & Burris, 1994, 1997). Photovoice is an engaging photography and storytelling technique, in which participants are given a camera to take photographs to tell their unique perspectives and share their perceptions and impressions of their lives. Brunsden & Goatcher (2007) argue that photographs form rich and complex data, that is observable and interpretative, and communicate key aspects of their experience to the interviewer. Through Photovoice, the photographs become an expression of and a product of the participants' lived experience. Families in this study were asked to take photographs that represent the strengths in their relationship at the time of participating and those that they had whilst living with domestic abuse (see photo-taking prompt sheet, Appendix 6). The photographs are rearranged into a storyboard format with the participant, and used to help guide the discussion and storytelling of an interview.

Photovoice is an engaging photography and storytelling technique that offers participants an opportunity to share their perceptions and impressions of their experiences (Wang & Burris, 1994). It is collaborative method in which participants have time away from the researcher to reflect on their experiences and take photos of aspects of their experience which they feel have been of importance to them. This aspect of the photovoice activity was beneficial in engaging these families in the research, in particular including younger children for whom it has been evidenced as enjoying the photo-taking activities (Stack, Magil & McDonagh, 2004), and adding to potentially less reflective or rich verbal content. Women and their children who have experienced domestic violence are a vulnerable group, who have experienced oppression and therefore in engaging this group, it is essential to be transparent in the research process. Giving the families the families the cameras to take photographs

away from the research gave them an experience of having some power or control within the participant-researcher relationship, although the researcher continues to steer the direction of the research (Pink, 2006). As with other qualitative research methods, the success of utilising the photovoice and interpretative phenomenological analysis methods in combination relies upon the quality interaction between the researcher and participant (Pink, 2006).

In this study the photovoice activity also had the advantage of offering an opportunity for mothers and their daughters to work together. Mothers and daughters were able to collaborate on a shared narrative of their experience using both their photographs and the shared story telling which developed from the photographs. The use of photographs as a basis for interview material is beneficial as it can prompt memories and emotional responses (Pink, 2006).

Interview Schedule: The storyboards were discussed with the participating families, and questions asked from the semi-structured interview schedule were in the form of prompts, to encourage participants to engage. The interview prompts were designed to explore resilience in mothers, children and the mother-child relationship. The initial questions are modified within the interview in response to interesting and important stories which arise (Smith & Osborne, 2003).

#### **Procedure**

The study was approved by the West Midlands (South) Comprehensive Local

Research Network (see letter of approval, appendix 7), and received R & D approval from

Coventry & Warwickshire Partnership Trust and written agreement was received from the

participating charitable trust that provides women refuge. The investigator attended a meeting

with refuge managers and the director of the trust prior to meeting with potential participants. This provided an opportunity to discuss the process of the study. The researcher then introduced the study to women in three refuges, during their residents meetings, and provided information packs (containing an information leaflet and consent forms (appendix 8).

Interested families who returned completed consent forms, were given a disposable camera for phase 1 (Photovoice activity) of the study. To help them understand the Photovoice procedure, they were given a prompt sheet (see appendix 6). On development of the photographs, the researcher contacted the mother of the participating family to arrange a convenient time to meet to conduct phase 2 (interview stage) of the study.

The interview phase took place at the refuge, either in the therapy room or in the family's private room. The families were interviewed as a group, in which mother and child(ren) were encouraged to answer questions and discuss the photographs between them. The family were asked to arrange their photographs to make a storyboard and then the interview took place. As suggested by MacLeod *et* al, (2002) an initial open question invited participants to describe how they went about the process of taking the photographs. From there the photographs formed the focus of the interview, with the researcher using the questions from the interview schedule to encourage the families to discuss their pictures. The interviews were audio-recorded and lasted between 45 and 180minutes, at the end of which the family were debriefed (see debriefing form, appendix 9) and received their copy of the photographs and a £20 Argos voucher to thank them for their time.

## **Data Analysis**

The transcribed interview data was analysed using Interpretative Phenomenological Analysis (IPA) and followed an eight-step process designed by Palmer, Larkin, de Visser, and Fadden (2010) for analysing group data in an IPA study (see appendix 10: summary of the eight-step procedure). Each interview was considered in terms of participants' main concerns, the context of the interview (including the role of the interviewer), participants' relationships with others (including refuge workers, extended family, school, and friends), and language was considered in relation to the stories told by participants (see appendix 11. table of emergent themes; and appendix 12. Additional verbatim quotes for each theme). In addition, this study incorporated the visual data from the photographs. This was achieved by identifying and including key photographs, in addition to key quotes in the discussion of the themes. Themes were identified from each interview separately, forming a list of main themes for each interview. The final step involved integrating these themes across the different groups (Palmer *et al.*, 2010) with checking back to the original transcripts and photographs that the new themes were supported by the original text and images (MacLeod, *et al.*, 2002).

## Reflexivity

Reflexivity is emphasised in qualitative research, by acknowledging that the researcher's personal and professional stance may affect the interpretation. Reflexivity then, urges us "to explore the ways in which a researcher's involvement with a particular study influences, acts upon and informs such research" (Nightingale & Cromby, 1999, p. 228). I am a trainee clinical psychologist, interested in working with adults and children who have experienced trauma. I have worked with women who were experiencing domestic violence who felt unable to leave their abuser. I supported one woman to move to a local women's

refuge, however, after a night in the refuge, she returned home to her husband. This experience highlighted the importance of trust for these women, and the emotional conflict involved in deciding to leave their abuser. With these experiences in mind, it is worth noting that my admiration for women who are able to make this decision may have impacted on my interpretations of their narratives.

## Credibility of analysis

The participants were informed that once key themes were identified within the transcripts an A4 page of these themes would posted to them asking them if they accurately reflected the topics covered in their interview. However, all the families stated that they did not wish to receive this information, and therefore this opportunity for validation of themes by the participants was missed.

A reflective diary was written by the interviewer between interviews and during the analysis stage of the study. In this diary, reflections of themes and emotions that emerged were noted, and these were used as a record which formed part of the audit trail, so that the there is transparency about the decisions made throughout the analysis process, that could be inspected by others.

In order to reduce the contribution of the analyst's (chief investigator) own thoughts, the analysis was cross—validated by the research supervisors. Through research supervision, discussion of the themes offered new perspectives and reflection of the analysis. In addition the themes were discussed at a group for Interpretative Phenomenological Analysis researchers. The identified themes were altered during these processes, enabling a more interpretative explanation of the interviews, and adding credibility to the analysis. In addition,

the current study attempts to present the data in a way that is 'transparent'; frequently grounding claims made in the analysis in the original verbatim quotations, and including an example table of emerging themes and initial coding of transcripts from the data (see appendix 11). An example of a completed photo-story is also made available for the reader (see Appendix 12).

# **FINDINGS**<sup>2</sup>

The following section provides a narrative account of the findings, illustrating each theme with transcript extracts. It is important to note that the themes presented here are the *outcome* of the process described in the previous section, rather than a reflection of the 'workings out' from each step of the process. Examples of the work conducted during these steps are available in the Appendices (11-13).

Meanings from the data were captured by three themes, which also had some overlap between them (Table 2). The first theme "The Dilemma: trying to cope with the violence or make change" captures the families' experiences whilst living in the family home, in which they experienced domestic violence. The second theme "Rebuilding and reconnecting: life within the refuge" describes the processes that the families went through having left the family home to recover from the violence and the development of resilience. The final theme "Creating an image of our future life" describes how these families, whilst recovering from the violence, had moved to a stage of reflecting on their past and considering how they would like their lives to be in the future.

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<sup>&</sup>lt;sup>2</sup> [] indicates that text not relevant to the statement has been removed

<sup>( )</sup> indicates material added by the author to explain a point

Table 2. Themes that were developed from the analysis

Main Theme	Content		
1) The Dilemma: trying to cope with the	a) Feeling trapped: helpless to make a change		
violence or make a change	b) Reaching a breaking or turning point: the		
	decision to leave		
2) Rebuilding and reconnecting: Life within	a) Making up for lost time		
the refuge	b) Reconnecting with our family		
3) Creating an image of our future life			

## Theme 1: The Dilemma: trying to cope with the violence or make change

The mothers and children in this study describe their lives while living at home as being dominated by fear and oppression, and it is from these traumatic experiences that the families have recovered and shown resilience. While living at home, these families described a powerful state of barely coping. Their fear resulted in a difficult dilemma: to remain in the family home whilst trying to avoid causing further incidents of violence; or to make a change, such as intervening or leaving.

Feeling trapped: helpless to make a change. The dilemma begins with feeling stuck. These mothers and children described feeling terrified of acting in a way that would create further violence. The children described feeling isolated in their bedrooms feeling alone and helpless, whilst overhearing their mothers suffering violence from their abuser. These feelings are captured by the picture below, chosen by Rhian which she described as "Well, like the penguin probably, lonely and sad and grumpy" (Family 2, line 303).



Photograph 1. Sad, lonely and grumpy penguin (family 2).

Rhian described feeling a mixture of sadness, isolation and annoyance when living at the family home where her father was abusive to her mother and this picture illustrates these feelings. Rhian's mother was seen to realise during the interview that her daughter had felt this way when sitting in her bedroom alone and listening to the violence downstairs, as she appeared surprised and question Rhian about this in the interview. This theme of being lonely, and feeling helpless to make changes, runs through the mothers' and children's narratives in this study.

Analysis of the children's stories showed that whilst living at home, they were in a difficult position with two choices, to remain apart from their mother but safely away from the violence or, to attempt to intervene in the violence and prevent further harm to their mother, whilst risking getting caught up in the violence. For the older children, they told how they kept safe by spending time with their friends, both within the family home and as an opportunity to leave it. Jemma and her mother described how having Jemma's friends visit

them provided a sense of safety for them both, because the abuser (Ann's son) showed a different side when other people we around:

Ann: He d'aint show his true colours when anybody was in, see he only did it when I was there or her. And um, everybody thinks he's a lovely lad, they don't know half.

Family 1, Line 149.

Jemma and Rachel describe how going out of the house and spending time with their friends was an opportunity to escape from the violence. Perhaps this space provided respite from their overwhelming feelings of fear. Rachel explained how she chose to stay out of their home overnight where possible:

Rachel: I used to go out a lot there (home) as well, because I didn't like

Tina: You were out a lot more there than you are here (refuge). You used to spend

times with your friends and you would just say you were stopping out.

Rachel: I used to stop around a friend's house. Family 2, line 1067

For mothers in this study, they did not have the option of getting out of the home or having support from their friends, and they felt trapped in their situation, helpless to create changes. They described the abuse they suffered as causing them to feel unable to make changes and lacking in confidence in their abilities.

Ann: because David (abuser) knocked me confidence that much that I, make me feel as though I am completely stupid completely, I can't do nothing]

Family 1, line 1196

The mothers' stories illustrated how whilst living in the family home, they were isolated, from their family and natural sources of support by the abuser. This further ensured

his dominance over them which left them feeling helpless and with no option of taking control back of their lives. They said how they had felt responsible for dealing with the abuse and found it difficult to discuss these experiences with family or friends, and therefore did not to seek support.

Ann: [] I thought, I keep, see I've put up with this for such a long time over the years, it's my problem, um, I shouldn't tell nobody, if you know what I mean?

Family 1, line 155

And

Dal: when I got married to him, my husband, when (child 1) was born, my husband stopped a few of my cousins coming around, and then, since then, they haven't set foot in my house, it's been 9 years

Family 3, line 386

Mothers described their difficult decision between staying and leaving the family home. In addition to their feelings of being unable to make changes there were other considerations for mothers, particularly a wish to do what was best for their children. Claire talked about the difficult decision to leave home, and her consideration of the timing. She has three teenage children who have all remained with her husband, and she waited until they had completed their school exams before she and Elizabeth left the family home. It was clearly important to her not to disrupt the children during this period, and that as a mother she would do what she thought was best for her children. For Claire, this was to remain with her husband despite having suffered abuse for 15years. However, it is believed that she felt that staying with her husband was not the right thing for her youngest daughter, and as soon as her other children were old enough she was motivated to do what she felt was best for her youngest daughter, and herself. This resulted in them moving in the November and so Claire and her daughter have spent both their birthdays, Christmas, and New Year, in the refuge:

Claire: Her birthday, and Christmas, new year, and then my birthday, it's like, never seems the right time, but when is the right time? And it's like, I mean, with my other children, it was hard, because I didn't want to leave beforehand, but this last year, the youngest out of the three teenagers, she's just done her exams, so, it was like I needed to make sure they got their exams, and they got decent passes as well, otherwise it would have been, no, and its sometimes you do, do things for the kids don't you"

Family 4, line 1234 – 1256

The children also appeared to recognise their mother's suffering and wish to leave the violence and the contributing to factors to remaining at home. Tina recalls how her daughter worried about leaving her mum alone when she went to school:

Tina: You used to be sad when I used to take you to school didn't you, because you used to worry about me being on my own, didn't you, and you used to tell me to be careful, and not to go home didn't you.

Family 2, line 349

And

Rachel: She wanted to leave, but she didn't want to leave the dogs.

Family 2, line 1035.

Reaching a turning/breaking point, the decision to leave: From the mothers' and children's stories there is an impression that there were a number of failed attempts at intervening and/or leaving the house before the families reached a breaking or turning point. Ann described how her daughter, Jemma, used to try and intervene and confront her brother, but this method was unsuccessful at stopping the violence:

Ann: But her (Jemma) used to tell him to go and find himself another place, cos her used to say, you can't stop here, you know, but it used to go in one ear and out of the other and he took over.

Family 1, line 179

From the families' narratives it seems that there became a point at which either a child or the mother could no longer cope with the violence and was forced to take some form of action against the abuse. For Jemma it was witnessing her mother becoming increasingly unwell in response to the abuse. In telling her story, Jemma told how she had realised that her mother was as a result, unable to make the decision to leave her home in order to escape the victimisation. This prompted Jemma to take action and she turned to the police to help her and her mother find safety at the refuge. Despite her mother's belief that Jemma did not know what was going on, and that it was her own responsibility to put up with the situation, it is understood that Jemma showed an implicit belief in her own ability to make changes. It may be that the time that Jemma spent outside of the family home enabled her to have the space to think and consider her options, and that this resulted in her being able to plan their escape with the confidence to turn to others for help.

Interviewer: How did you manage to keep your relationship (between mother and child) going when you (Jemma) were trying to stay out the house?

Jemma: Well it was me who got her out of the house, because I went and did it behind her back, because if I hadn't of done it and then told her, she wouldn't have gone.

[]

Ann: Yes, cos, I'd still be there now, being told what to do, just withering, just withering away, which I was doing. Family 1, Line 603-620

Jemma's decision to leave appears to have been less of a conflict for her than the other children, because it was her brother who was responsible for her mother's abuse. For the other children in the study, it was their father (or step father for Rachel) who was the perpetrator. This resulted in a difficult dilemma and stressful attempts at trying to make sense of the situation. From their narratives, it can be seen that it was particularly difficult was working out whether their fathers loved them, and who was responsible for the abuse. It seems that the children were clear that they were not responsible and understood that they had left home because of their father's actions. Here the children discuss how their father was responsible for them having to move to the refuge:

Aaliyah: We went away from my dad because he was being rude

Interviewer: He was being rude?

Aaliyah: Yeah

Syretta: And he was biting me [] And we don't see our cousins either because they were being rude.

Family 3, Line 153

And Claire tells how Elizabeth was confused by her father's actions and questioned whether he still loved her:

Claire: She was very nervous when he (Elizabeth's father) started drinking, when he'd start opening cans, and she used to come and sit on my lap straight away, and she used to say, does daddy still love me? Yes.

Family 4, line 1026

Dal described feeling so helpless to leave her abusive husband that it was her taking an overdose that resulted in her and her children moving out of the family home and eventually finding safety at the women's refuge. Dal: Because you know, when I did take the overdose, and I went to my mum's house for three weeks I was there, and his family was in and out harassing me whenever they felt, whenever they felt like it, because you know, the big turnaround in the thing, like, when I came to the refuge, I wasn't gonna let them, I wasn't gonna let them do it again.

Family 3, line 516

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In summary, the theme of "The Dilemma: trying to cope with violence or make a change" describes how these families felt stuck when living with domestic violence in a position of powerlessness and feeling helpless to make changes. These families describe reaching a breaking point, in which members of the families (either mother or daughter) appeared to no longer be able to endure the violence. At this point, it is understood that either becoming overwhelmed personally by the violence, or observing the impact of the violence on others resulted in action that led them to break free from the violence and leave their family home.

## Theme 2. Rebuilding and Reconnecting: Life within the refuge.

The mothers and children in this study describe their time in the refuge as a time of freedom, in which they are no longer restricted by the abuser, and they are free to try new things, to express and develop themselves and their relationships. The narratives and photos that comprise this theme are described through two sub-ordinate themes. The first of these describes a period of "making up for lost time." In this theme the women and children describe enjoying the opportunity to spend time together, both to find comfort in each other's company and affection and to have fun. Their stories tell how this was in stark contrast to their experiences of living with the abuser, and was a source of great pleasure. There is a sense of a developing positivity in their stories. The second sub-ordinate theme "reconnecting"

with our family" describes how the safety of the refuge enabled both mothers and children to reconnect with their family members who they were prevented from seeing by the abuser.

Making up for lost time: Participants has come to understand that being away from oppression and violence enabled the mothers and their children to spend time together. This is something that the children longed for when living with the abuser (as described in "feeling trapped: helpless to make a change") and it seemed that the mothers were trying to make up for lost time. They described spending time together for pleasure, and mothers said how they wished to make the most of this time with their children. Claire says "It's nice to share this time" (Family 4, Line 1129).

For Claire this time represents a chance to take up new opportunities for doing things together that they have never done before, such as going to the park, which she illustrated through her choice of taking and discussing photograph 2



Photograph 2 The park, taken by family 4.

When discussing the image, Claire and Elizabeth spoke more rapidly and their voices became higher pitched as they expressed their pleasure at going to the park. Claire described how they try to make the most of it, by taking a picnic or going to the cafe, and how Elizabeth enjoys it so much that "sometimes you are there and you can't get away" (Family

4, line 1445). She talked about how she also enjoys watching her daughter's pleasure so much that it is difficult for her to leave.

Dal and her children describe this time together as "quality time". Dal's story portrays how she now feels free to make her own decisions and this is believed to reflect a sense of her building her independence. For their family this was supported by the refuge, because they provided the family with a car, so that all five children could go out together. The family took a photograph of the car keys to show its importance. Having this car meant that the family were not reliant on the refuge.

The families described not only going out together but having time together doing creative activities such as painting and making things together. All of the families chose to take photographs of things that either the children or the family had made together.



Claire: she loves drawing and she loves
getting me involved with drawing as well
Family 4, Line 1854.

Photograph 3 Drawings and paintings by Elizabeth.

This time in a shared activity is understood to have facilitated positive interactions, which in turn supports the rebuilding of their relationship. Mothers and children said how they liked to show what they have made to friends and family, further bolstering the children's esteem. These creative activities appeared to be used by the families to express

their affection for one another, as illustrated by the picture of pottery painting that Rhian made for her mother, on which it says "for you mom I love you mom".



Picture 4 Pottery painting by Rhian, Family 2.

In describing and talking about this picture, Rhian and her mother describe how they were unable to do creative activities together when they lived at home. Rhian's father (the abuser) would complain about it and this had prevented them from doing things like this together:

Interviewer: Did you make stuff like that when you were at home?

Rhian: No

Tina: Well we did sometimes, but you dad used to moan if we were doing too much stuff together, because he used to feel left out. He had to be the centre of attention didn't he? Moaned about the mess so we had to put it away and not bother. But we can make mess here, as long as we tidy up after, can't have fun without making a mess can you?

Family 2, Line 500-507

In talking about how they made this plate, Rhian described how she has made it for her mother and asked her mother in the interview if she liked the plate.

Another aspect of expressing affection which was described by the families during the phase of rebuilding their relationship is physical touch, such as hugging each other. This was seen to give them pleasure and comfort. This is seen in the photographs taken by Rhian and her mother, Tina:



Tina: this resembles a mother and a child, or anyway, really a father and a child or two sisters Rhian: I know what it represents, mummy and a child or someone of the adults, having a cuddle

*Tina: or you and Rachel* Family 2, Line 130

Photograph 5 Two teddies's cuddling taken by Family 2

In describing this photograph Tina (mother) describes how they brought the bears to the refuge from their home: "we *rescued them didn't we, from our old house*" which may be how they feel, rescued or set free from danger or imprisonment (dictionary definition of rescue) now that they are in the safety of the refuge. It also shows a sense of having moved on where the family home is now referred to as the old house, rather than home. This picture shows that hugging strengthens the bond between them, by making you feel better when you are upset.

Physical closeness and hugging are also described and observed between Claire and Elizabeth. While discussing a difficult time at home, Claire and Elizabeth moved towards each other in order to hug each other:

Interviewer: It looks like you are trying to get mummy to give you a really big cuddle.

Claire: Yes she was, she likes her hugs Family 4, line 1060

Claire and Elizabeth held each other and Elizabeth seemed relieved to have permission to do this. It may be that she was unsure whether she should do this while I was in the room. In discussing the importance of being close to one another, Claire described how during periods which may be more stressful for Elizabeth such as going to school or before going to sleep at night, she seeks the comfort of her mother's physical affection and likes to be so close that she can smell her mother. Claire said that she believes that that this closeness may provide Elizabeth with a feeling of being safe.

Interviewer: So you like smelling it (mother's hair), what does it feel like when you smell mummy's hair?

Elizabeth: Err, it smells like this, like my hair

Claire: See when she came here she still had a dummy (comforter), but um, she doesn't have a dummy now, anymore, she used to have a dummy and this (smelling mums hair) as a comfort like, does it make you feel safe? Family 4, Line 1759

Throughout the families' narratives there is a strong message that the time that they have away from violence and in the safety of the refuge is providing them with a chance to rebuild their relationship with each other. Ann puts this simply as a chance to spend time together and be able to relax. She described how "We do all odd things together, now we're over here (refuge)" (family 1, line 855).

Ann: well, we're more bonded now, than we was when we lived at home, cos I dain't (didn't) used to see her a lot, and cos with her, when here, we've come up closer, a lot closer" Family 1, line 1239

For each of these families, spending time together was seen to have improved their relationships.

**Reconnecting with our family:** As they described it, the families began to move forward and recover their relationships with their families, with the support and experience of safety from the refuge. Claire talked about how important it was to find ways of reconnecting with her family. This is illustrated by the photograph of the train ticket:



Photograph 6. Catching the train to visit family taken by Family 4.

Claire explained that this photograph was taken to represent their travel between the refuge and her family's home. She described how she had not had contact or seen her family for many years. There were some members of the family that Elizabeth had never met. Being able to spend time with her family was described as both a source of pleasure and support for Claire, and it may provide an opportunity for Elizabeth to experience a family life which is not characterised by violence and fear.

The possibility of gaining support from family members is something that was described as important to Dal. She appeared to recognise the realities of managing her children as a single parent. That if she is to succeed in her wish to build a family life for them, she would like to live near to her family when relocating from the refuge to their own home.

Dal: I've got five children, I've got two that are still in nappies, and, you know, it's not going to be easy getting them back into a routine, again, it's not going to be easy.

So I want to be close to my family

Family 3, Line 469

This support is currently being provided for Dal by the refuge and other refuge residents, without which she described fearing that there would have been changes in her children's behaviours.

The train ticket picture also shows the importance of the relationship between mother (Claire) and daughter (Elizabeth) in working together. It is understood that through their relationship, they support each other, and Elizabeth shows that she is able not only to recognise when her mother is becoming distressed but to share in the decisions and planning to complete their journey to their family's homes. This reliance on their children for support is echoed in Ann's descriptions of relying on her daughter when they first moved to the refuge, but also in her gradual increase in confidence and independence.

Ann: because David (abuser) knocked me confidence that much that I, make me feel as though I'm stupid, completely, I can't do nothing, and that's why I took her with me a lot. [] When we first come here (refuge) cos we don't know where, how to get about, we was out together all the while, and cos, Jemma remembers, and I used to think, I used to think, oh, and I used to go through it in me (my) head, the way Jemma used to go, and now I can find it meself (myself). So sometimes if I have to go to the doctors, I haven't got to get her up to come with me, cos I think, I can do that.

Family 1, line 1185

Analysis revealed that through the abuse, mothers became the vulnerable member of the family group, and mothers appeared to become reliant on their children. Children became identified by their mothers as "the strong one" (family 4, line 323) and began to take on some of the responsibilities and decision making that is associated with the parent role. There is a risk of parentification in this. Parentification is described as "the expectation from a parental figure that a child will fulfil a parental role within a family system (Brozormenyl-Nagy & Spark, 1973).

In summary, this theme describes the transition from feeling trapped and disempowered to their hoped-for futures. This was a time of rebuilding their relationship with each other, their confidence, and making links with others which will help and support them in the future.

#### Theme 3. Creating an image of our future life.

The interviews focussed on the families' strengths in the past (when living with domestic violence) and in the present (life at the refuge). The themes revealed a shift within the stories where the families have begun to consider their futures, and develop an image of these. They spoke with was determination, optimism and growth, suggesting that despite their very difficult experiences in the past, these families continue to move forward towards a positive future.

The women and children described how they had begun to consider how they would like things to be different for them in their future lives. The families described how they were beginning to picture both their future homes and their future lives. These images include an idea of how they will feel and what they will be doing in the future, as well as who will be in

their lives. They combined the aspects of artistic items that they had been working on during their time in the refuge. The women showed a real feeling of optimism about their future which was combined with a determination not to return to their past lives. This new found confidence is believed to have been supported by their relationships with the children, families and refuge workers. The families also appeared to remain realistic. They told how they considered possible difficulties that might block their paths to their ideal future lives.

Families 1 and 3 were actively seeking a new home at the time of the interview, and family 2 had identified a new home. The families were considering what would be important to them in these new homes. In considering these aspects of the refuge that the families had found helpful and how these contrast to their experiences in the family home, Ann described how she would like her new home to be. She told how she found the kitchen in the refuge to be a place of building confidence and for pleasure and relaxation, including time on her own cooking and cleaning and talking to her daughter and fellow residents.



Photograph 7 Kitchen, taken by Family 1.

For Ann this was in direct contrast to her experiences at home, where the kitchen was where the abuse took place. She explained why they had chosen to take a photograph of the kitchen and how this related to her image of a future:

Ann: So this kitchen is marvellous for me, you know, and I talk to myself a lot in the kitchen, and it does give me a bit of confidence, because when I've done it, I'll go round the kitchen, and I'll clean it and polish it and I think oh, I wish I had a kitchen like this.

Family 1, Line 100

The families spoke about how they had begun to create images of their future homes and lives including what their home might look like. In thinking about this, Ann described how she imagined taking the items that Jemma had made with them. She stated that these will both decorate their new house and make it feel more homely, but also remind them of the times they have had in the refuge and the help and support that they have received there. An example of one item that Ann wishes to take is the silver foil that Jemma has used to make an elephant:



Ann: I think they're nice pictures to frame and to put on the wall when we have our own place. You know, because it's something Jemma did [].

So there'll be lots of little knick knacks to put on the wall, so there'll be something to take there [] and it's something to remember this place by.

Family 1 line 442

Photograph 8 Silver foil of an elephant, made by Jemma, Family 1.

Similarly Tina and her daughters are actively considering how they will make their new house a home. At time of interview, they had been found a home and were moving within the month. Seeing this house appeared to have helped them to develop an image of the future in their minds, and the sisters had even discussed the wallpaper that they might have:

Rachel: She has already said that she wants the same wall paper as me

Family 2, line 1158

In addition, they discussed taking with them the plate that Rhian had made, and buying a stand for the plate with the voucher they would receive for volunteering in the study. Rachel agreed that some of the money could go towards a stand for this plate, and she suggested that the money from the voucher should go on "house things" (Family 2, Line 993) which her mum agreed with. This need for belongings is also shown in Ann's determination and planning to get some of their belongings back from the family home. She described how she will need to be aware of whether her abuser is still in the family home, and that taking the police with her would not increase her feeling of safety as she believes that his would aggravate the abuser and greater the risk to herself.

It was particularly important to two of the families to retrieve the family pets. Pets are referred as members of the family, and it seems that they have provided protection and pleasure in the past. The families hope that they can become part of their future. Tina and Rhian say how they miss their dogs and that they have photos of the dogs and that they talk to the photos as if they are talking to the dogs, and that this relieves their upset at leaving them behind, and they hope to get one of the dogs back:

Interviewer: Do you often think about anything else from home []

Rhian: Just think about the dogs sometimes, and just like I got an album of the dogs, when I think about them, [] we just look at them when we are thinking of them, and just talk to the photos

Interviewer: As if you are talking to the dogs

Rhian: Yes. []

Interviewer: And how does it make you feel when you do that?

Rhian: Makes me happy, because it is like I am still with them, like they are in the room sleeping but I'm talking to them. []

Tina: And hopefully we're going to get Poppy (dog's name) back, mightn't we?

Family 1, line 639

Similarly, Ann has arranged for another resident at the refuge, who is being rehoused, to look after their cat for them, until they can find a house themselves. Claire describes the benefits of having a family pet as providing Elizabeth with responsibility for the animal, which may help her to move away from her sense of responsibility towards her mother.

Claire: See we've been thinking, we've been thinking for a bit now that we're gonna get a dog, a little one. Because we did have dogs before, Staffordshire Bull Terriers, but I'm not gonna get one of those, there a bit, there a bit strong aren't they, [], there a bit too, want something small, that she (Elizabeth) can look after, that she can take charge of a bit, you know"

There is a real sense of optimism as the families begin to discuss their futures; however, this is combined with a sense of realism, recognising that it may not be an easy transition. In considering the future Rhian and her mum imagine some of the challenges they may face and how they will overcome them:

Rhian: It'll be scary when we first move, but we will get used to it, and then it will be really good. Family 2, line 680

Dal is similarly remaining realistic about her expectations and needs for the future. She reflects on how difficult her life was in the past, and how she has benefitted from the support of the refuge staff and residents during her time in the refuge, and predicts that she will need to move to a house that is near to her family in order that they can maintain the links that she has worked to re-establish since leaving her husband, and that she and her children can benefit from the support that they can offer.

Dal: You know, when I'm re-housed and I'm on my own, and, it's gonna be a big change

Interviewer: Have you got a house lined up, or is it

Dal: Um, I have had an offer, yesterday, but it's in (area). It's quite far for the children, too, really too far, and the reason I want to move closer to my family is because I need the support, I've got five children, I've got two that are still in nappies, and, you know, it's not going to be easy getting them back into a routine. It's not gonna be easy, so I want to be close to my family [] Family 3, Line 453

This shows how Dal is both determined to prevent herself and her children from returning to situations that are similar to those of her past, where she felt unable to manage on her own, in the isolated life that her husband had imposed upon her.

Ann, who was unable to consider her future at all when living with the abuse, and considers that she would still be there "withering away" if it wasn't for her daughter, has begin to develop a strong belief that her future is achievable. She has begun to imagine how she will manage once her daughter is in a position to leave home. Jemma is in fact old enough to leave home (as she turned 18 years old during the study) and has begun looking for employment. However, she herself has not considered leaving home. Ann considers the work that she has still ahead of her, to overcome her own difficulties of panic attacks and hearing

voices, but she is determined and optimistic that with time she will be able to do this, and that she will be able "to cope" when the time does come for her daughter to move on:

Ann: I shall miss her (Jemma) when she leaves home [] she can't stop with me forever, can her, I mean, no girl does. But I'm hoping by the time her decides to leave home, I shall be able to cope with life better than I have done

Family 1, line 1247

Above all, these families' stories show a wish to be more in control of their lives, and this is motivated by their determination not to return to their past and an optimism that they will be together as a happy family. I feel that Claire shows just how determined and optimistic that they can be despite the incredibly difficult times that they have endured, as she is able to think forward to how this will bring something positive for them in the future:

Claire: I think we will always be pretty strong together, sort of thing, so it's a good thing that's happened (family 4, line 2295).

Leaving the family home and spending time in the refuge are processes that have enabled these families to look forward to futures, in which they can choose their own way. They have achieved this through mobilisation of their resources and help of others, these This was a theme repeated throughout the stories of the families, including those of Elizabeth, who was just 4 years old, and whose mother described how she liked to "make her own route"; through to Dal who described how she was "Trying to look back, look, look forward to getting a new life" (Line 395). Ann is looking forward to this opportunity to "start her life again" on leaving the refuge, as illustrated by this photograph of the exit sign, which was above the door which links the refuge to the outside world. Whilst living at home Ann was unable to see the way out of her situation.



Photograph 9 "The way out" taken by family 1.

## Reflections on language use

The mothers and their daughters' use of language to describe family changes as their stories progress throughout the interviews. When describing life at home with the abuser, the term "family" itself was rarely used, rather participants talked about "we" meaning mother and daughter, or they talked about "the children" or "him" in reference to the abuser. This gives the impression of a fractured family group. However, when talking about life since moving into the refuge they talk about doing things "as a family" (ref) which refers to the mother and her children. This change in language seems to represent a shift in the meaning of "family" to them. In addition, their stories also begin to include members of an extended family, such as cousins, grandparents and aunts and uncles. It seems that these relations are now considered part of their image of "family".

As interviewer and researcher my presence may have been felt as a woman in a position of authority to the women in the study. This may have influenced their wish to reinforce the difficult experiences that they had to bring me "on their side", and to not appear critical of their life choicest empathic. In addition, I feel that my presence as a woman was significant in the study, where it seemed at times that the women were curious about me. For example after the interview Claire asked me if I had children, and both Ann & Tina wished me a "*Merry*"

*Christmas*". The women were appreciative of my interest in them, and any kindness shown to them (for example, Claire was surprised and grateful, that I offered her a drink when we paused the interview for Elizabeth to have a break for a drink).

In the initial stages of the interview, the language used by the women in the study described the difficult position they had been in as victims of the abuse. It appeared to be important o the women that the researcher gained an impression of the emotional impact of the struggle they had faced. These "victim" narratives provided an emotional backdrop that increased the impact of stories telling how they had managed to leave and begin to rebuild their lives. Thus, their positions as victim or having agency shifted throughout the interview. This may also relate to their increasing confidence in the relationship with the interviewer. Recognising that participants occupy both of these positions (victim and resilient), and that they're not mutually exclusive is potentially quite helpful. Different stories and relationships activate different positions.

Sometimes recognising that the professional sets the agenda, but also using the researcher's presence to broach new topics. For example, Rachel stated "she wanted to leave" (Family 2, line 1035) this was felt to be informing the researcher that she was aware of her mother's wish to leave, in this way reflecting her awareness of her mother's wishes but also bring an emotional impact that she may have been annoyed that her mum was unable to take this action at that time. In contrast, Tina saying "you used to worry about me, didn't you" (Family 2, line 349) it was felt by the researcher, was addressed to her daughter Rhian, and indirectly to the researcher. It was felt that the purpose of this was to open up a new conversation which she and Rhian hadn't had before. In such a way informing the research, but also checking that she was right and that she had Rhian's permission to discuss this,

before proceeding with discussions. This different uses of language and position were considered throughout the analysis of the interviews.

### **DISCUSSION**

# **Findings**

The mothers and children in this study describe their resilience as a process that develops as part of their interactions, particularly with each other. Their resilience as it builds enables them to move from a position of vulnerability in which they identify themselves as victims and feel trapped, to one in which they could be identified as survivors. As such they see themselves gaining a position of control and efficacy and begin to develop a confidence in their ability to make choices about their lives.

The mothers and their daughters felt trapped by the abuser. Within the first theme, "The dilemma: trying to cope with the violence or make a change", the families describe feeling stuck in a position where any attempt to take control over their lives, either through attempting to stop the violence or leave the home, would cause fear of the possible consequences. This feeling of helplessness or powerlessness, results from the abuser's systematic abuse of his power, leaving the mothers and children feeling overwhelmed. The families described not talking about the abuse, which may have meant they further increased their isolation in an attempt to protect themselves (Humphreys, 2000; Saliber & Taliaferro, 1986). Research indicates that women may also avoid speaking with professionals for fear of having their children removed (Mullender, 2002). Mothers, as described by Ann and Dal, feel responsible for the abuse and responsible for protecting their children from it. This results in a sense of shame that further isolates them, making it impossible for them to tell family or friends what was happening (Saliber & Taliaferro, 1985). Social support has been

identified as one of the most influential of all the coping resources, in which a significant positive relationship is most important to the wellbeing of mothers and children who have experienced domestic violence (Anderson & Saunders, 2003; Atwool, 2006; Daniel & Wassell, 2002; Guille, 2004, Holt, Buckley & Whelan, 2008; Kashani & Allan, 1998; Levendosky & Graham-Bermann, 1998; and Masten & Coatsworth, 1998).

They may also try to protect their children by not talking about the violence with them and this creates what Mullender (2002) refers to as the "conspiracy of silence" between mothers and their children. The mothers and children were also isolated from each other in the presence of the abuser. Mullender describes how domestic violence can be described as an attack on the mother-child relationship (Mullender, 2002). The abuser may directly undermine the mother by insulting her in front of her children or may indirectly prevent the mother from parenting as she would want to. Through attacking a mother's ability to parent, the abuser is also attacking a central aspect of a mothers' identity. In a study of resilience in mothers who had experienced domestic violence, mothers described their lack of esteem as undermining their ability to be a "good enough" mother (Crawford, 2004).

The mothers in this study described the result of their victimisation as a loss of identity, confidence and efficacy. Having confidence in one's ability to make changes is vital and it is through this loss of confidence that we understand the extremely difficult dilemma of feeling unable to break free from the abuse. Bandura (1986) describes the importance of selfbelief in making changes, in which individuals attempt activities that they feel confident that they can manage, but avoid those they believe exceed their coping abilities.

These families describe reaching a breaking point or a turning point in which they were no longer able to endure the violence, and at this point they were forced to take action. It is widely recognised in the literature that women may make several attempts to leave their abusive partner (Anderson & Saunders, 2003; & Mullender, 2002). For these women it is not a simple 'stay or leave decision', but a complex process that unfolds over time (Barnett & La Violette, 1993). Women in Kearney's (2001) study described a time where they "had enough" and Humphreys (2001) describes turning points as "times which could be chosen or ascribed in which individuals take on a new set of roles" In this study, these turning points, whether chosen by the women or children, represented the beginning of a new phase in their lives, in which they recognised that change was needed. This may be represented by the preparation (determination) stage of Prochaska & DiClemente's (1982) trans-theoretical model of change. For one woman in this study she had reached a point at which she was aware that change was needed but felt that she had no options available to her other than to take an overdose (Dal). This shows the sense of powerlessness and distress these women experienced. Attempts at suicide are not uncommon in female victims of abuse, who are five times more likely than non-abused women to attempt suicide (Mullender, 1996).

The result of the realisation and that subsequent determination to leave the relationship was that these women have through their different routes moved into a women's refuge. Their journeys and development over the period in which they are residing at the refuge were described in the second theme of: "Rebuilding and reconnecting: life in the refuge".

Whilst living in the refuge the mothers and their children described this as an active time of rebuilding their relationships with each other ("Making up for lost time"), and through this process, rebuilding their own sense of self and efficacy. These findings are

supported by Humphreys (2000) and Anderson and Danis (2006) who explored resilience in women who had lived with domestic violence as children. These women described support from their mothers and extended family as important, which gave them a sense of belonging, and the experience of unconditional love. Feeling freed from the oppression, the women described a wish to compensate for the times they were prevented from being together, through spending "quality time" with their children. This compensation has been reported within the literature in which mothers attempt to make up for the violence by becoming increasingly responsive and attentive to their children's needs (Devoe & Smith, 2002; Lapierre, 2008; Letourneau, Fedick & Wilms, 2007; Levendosky & Graham-Bermann, 2000; & Levendosky *et al*, 2003). This rebuilding of the relationship takes a number of forms, including freedom to express their affection for each other, being able to have fun together, and relaxing.

Physical touch from mothers seemed particularly important to the younger children in the study, providing them with comfort. Studies of parental physical affection and touch have revealed that children have decreases in depression, anxiety and stress levels following increased levels of touch from their parents (Field, 2001). Touch is an important part of mother-infant bonding, which communicates emotional warmth and responsiveness (Ainsworth, 1978; Baumrind, 1971) that is central to secure attachment, which in turn is strongly linked with developing resilience (Atwool, 2006; Matsen & Coatsworth, 1998).

Being emotionally and practically available to one another was described by the families in which mothers and children co-operated, shared roles, and at times children took on responsibilities of their mothers. Similarly, Anderson and Danis, (2006) found this to be important in retrospective reports by women who had experienced domestic violence as

children. They described attempting to protect and comfort their mother and siblings. There is a risk of parentification in this, if the roles do not return to normal. Studies of children who care for ill parents, have suggested that caregiving responsibilities may affect the individuation processes, and so children develop a sense of self as carer, dependent on caregiving role (Earley & Cushway, 2002). These mothers expressed an increasing ability to regain their parent role, with the support of the refuge and in the absence of violence.

Having fun and taking part in activities together was important to the families and they found that they were able to enjoy each other's company. These experiences of having fun, and taking time to play have been found to improve the sense of belonging between mother and child (Donaldson, 2001). Through these times of rebuilding their relationship the mothers and children began to develop their confidence and esteem through a personal sense of achievement and through positive interactions with each other, such as receiving praise. Receiving positive feedback has been found to be important for adolescents to feel competent in activities that are important to them (Saarni, 1999). Rutter (1987) stresses the importance of establishment and maintenance of self-esteem and self-efficacy, as mechanisms for coping with psychological risks associated with adversity. Through their increasing confidence and esteem, the families in this study began to feel able to take back control over their lives, and develop a sense of worth and efficacy. Bandura (1986) found that self-efficacy influences a women's ability to persevere in the face of domestic violence. In addition, self-worth has been found to be significant in resilience literature. Rutter (1999) and Werner and Smith (1992) found that youths with high self-worth had positive feelings about themselves, their social environment, and their ability to deal with life's challenges.

With this increasing confidence to move and begin to rebuild their lives, these families began to reconnect with their families, which they had been cut off from by their abuser, as described in "Reconnecting with our family". Within this process, the families are actively seeking to make connections with family members with whom they have lost contact. This is not an easy process. The mothers and children have had to make anxiety-provoking journeys, and to deal with their concern that their families may not have understood or been sympathetic to their experiences. However, through these connections, they were able to experience support and social opportunities that provided a chance for the children to experience a sense of belonging to their extended family. Through this reintegration, the families began to develop identities as survivors and feelings that they were free to begin their lives again and start looking towards the future.

Their new sense of efficacy, worth and belonging provided the families with a belief that they will have a positive future, as described in "Creating an image of our future". These images incorporate aspects of their lives within the family home and their time in the refuge, and this is described by Evans and Lindsay (2008) as "incorporation of the survivor self and victim self" creating a new identity for these families. They describe this process as shifting from a focus on recovery to one of growth and resilience, as the experience of abuse cannot be erased, as it has made fundamental changes in the survivors. The families in this study describe a determination and optimism that their lives will improve, and will not return to the experiences they had in the past. This echoes the findings of Humphreys (2000) in which resilient women who had experienced domestic violence as children described developing systematic plans in order to survive the abuse, which they had confidence and determination to carry out. Werner and Smith (1992) in their study of resilience found that resilient adults considered personal competence and determination as their most effective means of coping

with stressors in their lives. Studies of survivors often report traits of optimism as being associated with positive outcomes across a number of adverse conditions (Calhoun & Tedeschi, 2006 page 31), finding that optimists have better social relationships and have positive expectations of recovering from stressors.

The families describe a motivation to move on from the refuge to create these new lives and there is hope that they will not return to their past life and abuser. They describe how they wish their new lives to be, and how they will remind themselves of how they have grown through the journey and the support they have received, from the refuge, family and fellow residents. These appear to act as motivators for the family to maintain the changes they have worked so hard to achieve. According to Prochaska and DiClemente (1982), reaching the maintenance stage of change would mean that change has occurred. When these families have reached this point, for example moving into their new homes and incorporating both the victim and survivor identities (Evans & Lindsay, 2008), they will have exited the cycle of change and succeeded in their desire to "start my life again" (Dal, line 397).

This study adds to the domestic violence literature in the unique method of jointly engaging mothers and children in the research process. This enabled both mothers and children to contribute individually, but also for their shared understanding of their experiences of living with domestic violence to be explored. Their interaction was a crucial feature through which they were able to question each other, re-evaluate their experiences and develop their shared understanding. This dual perspective revealed that for families who cope well with traumatic and violent situations, it is important to have a shared understanding of events and a set of hopes for the future. From these findings the question of whether these

are aspects of, or consequences of, resilience is raised as an area of potential for future research.

This study is distinctive for the methodology which combines Photovoice action research with interpretative phenomenological analysis. This was particularly beneficial in reducing the potential power differences between participants and researcher, which enabled the participants to contribute to the research interview.

# **Methodological reflections**

One disadvantage of the use of photovoice was the time delay in the research process. Inevitably, there were delays between giving the camera to the participants, receiving the cameras back, and developing photographs prior to the interview process taking place. It was be difficult to maintain engagement with the families while they were waiting to be contacted by the researcher for the interview phase of the research.

It is also worth noting that the photovoice process is not free from researcher bias, as the participants take photographs which they feel reflect the aspects of the experience that answer the questions raised by the research and the research process itself. For example, within this study, the participants were asked to take photographs which represented strengths in their relationship with one another (mother and daughter). They may have thought it important to reflect difficulties in their relationship that had forced them to take individual strategies that helped them to get through their experience of living with violence. In addition, photographs taken by participants elicit feelings for the researcher and there it was difficult not to be drawn to images the researcher identifies with, or are more pleasing. This

was raised within the analysis of the data and through discussion of the analysis with research supervisor.

The combination of the photovoice method with interpretative phenomenological analysis allowed for an interpretation of both visual and verbal data. Interpreting the visual images alone would be especially susceptible to researcher bias, because it would be easy for a researcher to project their own pre-determined views of the research topic onto an image, and more difficult for a reader to estimate the transparency or plausibility of such interpretations. In combining the two methods, the researcher offers the participants an opportunity to explain the process of structuring meaning through the photographs, avoiding "naive interpretation" (Pink, 2006).

One disadvantage of this combined approach is that in photovoice technique, the photographs are arranged to tell a story. This was not how the photographs were used in this study, and this threatens the credibility of the method. However, each photograph in this study was used to tell an aspect of the family's overall story of resilience, and through being a shared activity formed a part of the mother-daughter relationship story itself.

A further potential threat to the credibility comes from the nature of the shared activity, in which the mother or child with the stronger voice may have had more power in choosing what photographs were taken, and what was talked about within the interview with the researcher. However, in engaging both participants (mother and child) in the interview process together, the researcher remained vigilant to power differences between the mother and child, and these formed part of the analysis. Similarly, there is a power difference

between the participants and researcher within the interview process; these also form part of the analytic process.

## Strengths and Limitations of the Study

The women participating in this study did not wish to be contacted for feedback on the themes that were developed from their interviews, and all had moved out of the refuge by completion of analysis. The consequence of this was that it was not possible to triangulate the interpretative analysis with their views, which may affect the authority of the results. Having said this, there have been credibility checks performed by colleagues and academic course staff.

In total there were four families participating in this study, all recruited through a women's refuge. Mothers reported difficulties in participating due to ongoing court cases, child and mother physical health problems, and concerns that children would find the study difficult due to the continuing effects as a result of their exposure to the violence. All child participants were female, and this was a reflection of the families that were accessing the refuge at the time of data collection. One family however, were from a minority ethnic group.

The process of recruiting participants for this study was complex engaging both with the women's refuges and the families living there. Inclusion of family 1 in this study was a difficult decision, as the perpetrator of the abuse was an adult child and not mother's partner/husband. However, this family lived within a household which was dominated by fear of this man and the abuse which he perpetrated. This fear resulted in mother and child having to flee their family home. In considering the inclusion of this family, their experiences were very similar to the other families within the study, and this suggests that these experiences

may be similar to families experiencing abuse within the family dynamic and not just violence perpetrated by mother's partner, and may extend to other types of abusive relationship.

In considering the findings of this study it is important to note the absence of male voices. This study only considers the role of the relationship between mother and daughter and not mother and son. This is in part due to the recruitment process. Women's refuges do not permit male children over the age of 14 years to reside in the house. This is due to the vulnerability of the women staying there. They emphasise the need for those staying there to feel safe, and feel that the presence of males as a threat to this sense of safety. The absence of boys in this study also reflects the population within the three participating refuges at the time of recruitment, where there were no boys between ages four and 14 years residing.

This leaves a gap in the study for future research to explore the impact on boys of living in a home dominated by male to female violence, especially where the perpetrator of the violence is their father. There are possible gender differences, as evidence suggests that growing up with a father present is of great importance to a son's future development (Franseh & Back-Wiklund, 2008). A father is considered to provide a male-role model and object of identification to their sons (Garbarino, 1997). Therefore if a son has a close relationship with their father and identifies with their father, who is also their mother's abuser, he may internalise the negative attitudes of father towards the mother, and is possibly at risk of replicating his father's attitudes and conduct (Bancroft & Silverman, 2002). This may have a negative effect on the mother-son relationship, both during and after a mother leaves the abusive relationship.

Relationships are bidirectional, and future researchers must consider the behaviour of the son towards the mother as well as the mother towards the son. Where a son is abusive towards his mother, it is likely to reduce her capacity to show nurturance towards her son (Bancroft & Silverman, 2002). Evidence shows that maternal warmth toward her child represents a protective factor to developing antisocial behaviour, in the context of domestic violence (Fauber *et al*, 1990; Gonzales *et al*, 2000; Levendosky *et al*, 1998; Mak, 1994; Sturge-Apple *et al*, 2010).

The mother-daughter relationship is thought of as the closest of intergenerational dyads (Flax, 1978). Women tend to identify more strongly with their daughters than their sons, and similarly daughters tend to identify more strongly with their mother than father (Chodorow, 1999). The developing a sense of self in girls is believed to be strongly related to the mother-daughter relationship (Surrey, 1985). The findings in this study may therefore be specific to resilience in this mother-daughter relationship. Daughters are assumed to internalise their concept of being a woman from their mothers. The effect of witnessing their mother's abuse may have specific gender-bias impact upon girls. For example, a mothers wish to nurture and keep her children safe surviving violence will represent a message of the importance of nurturing in women. Thus girls may wish to be nurturing in return to their mothers, thus creating a bidirectional relationship of care and support. This contrasts to the possibilities of a son identifying with the male abuser.

The use of photo-voice enabled younger children to engage in the research study.

However, it did result in a slowing of the process between time of initial meeting between the researcher and the family, and the time of meeting for the interview. This resulted in some participants being lost (due to moving from the refuge). Workers at the refuge worked hard to

support this process, reminding the families of the study and encouraging them to return the cameras. In two cases the researcher returned to the refuge to collect the cameras rather than waiting for those to be posted back (family 2 and 3). Photovoice therefore had an advantage in engaging children in the study, but conversely had a negative effect through attrition.

A strength of this study is involving mothers and children jointly in the process. This gave the researcher additional data through observing the interactions between mother and child during the interview phase of the study. Resilience is described as an interactive process, and the families described their relationship as helping them to get through their experience of domestic violence and this was evident in their interactions during the interview. However, a disadvantage of this joint interview process may have resulted in a reflection of power imbalances in the mother-daughter relationship. However, attempts were made throughout the interview to engage both participants (mother and daughter) in the interview, and where one participant appeared to be dominating conversation, this was noted as part of the analysis. However, it is felt that it would not have been possible to access the views of the young people without engaging both mothers and children together. As this study is focussing on relational aspects of resilience it offers an opportunity to observe the relationship during the research process, which would have been lost if mothers and children were interviewed separately. These families have been through traumatic experiences which have resulted in their moving into the refuge, and this study aims to consider aspects of their relationship that enabled them to not only get through these experiences, but to move forward with their lives (be resilient). It was therefore important to cause as little distress to the families as possible, and keeping the families together throughout the whole research process attempts to support this.

A further strength is the qualitative design utilising Interpretative Phenomenological Analysis and Photovoice methodologies. The Photovoice technique provided some control over the interview for the participants, who chose which photographs they wished to discuss, which was beneficial for building trust and engaging the families in the process. Also, photos really capture other dimensions of their experience that may have not been accessible through conversation alone.

## **Clinical and Research Implications**

The mothers and children in this study emphasise their relationship with one another as key to their resiliency. In light of this, it would be beneficial for services working with families that have survived domestic violence to support this connection, building on strengths and weaknesses, in addition to the individual work that is currently available. This may raise service implications in which adult and child services are traditionally separate, and as such children who have experienced domestic violence may present to children's services (such as CAMHS) while mothers may present to adult services.

Therapeutic work focussing on the mother-child relationship may include working jointly with mother and child encouraging them to talk about their experiences, such as approaches utilising the workbooks designed by Humphreys and colleagues (Humphreys *et al*, 2006 & 2006b). More intensive work may follow the filial therapy, or parent-child interaction therapy approach (Klinsworthy & Garza, 2010).. This therapeutic intervention is designed to improve the parent-child relationship, be developing trust, nurturance and understanding between mother and child This therapeutic intervention has been found effective in domestic violence populations in a number of studies working with shelter populations (Klinsworthy & Garza, 2010, Smith & Landreth, 2003) and within a community

setting (Pearl, 2008). These studies found that in addition to improvement in the mother-child relationship; children had reduced problem behaviour and increased self-concept, and mothers showed increased warmth and empathy towards their children, and increased confidence in and effectiveness in using discipline strategies (Klinsworthy & Garza, 2010, Pearl, 2008; and Smith & Landreth, 2003).

A consideration should be made of the potential "child as parent" coping style in these families, and where this is evident, it is recommended that services support mothers to gain confidences and autonomy, and support their children in adjusting from this role, to a less responsible position in which they can enjoy their childhood.

Considering the difficult and emotional decision that women make to leave their family home and the conflicts that they have to balance it would seem appropriate for services to be available to these women through primary care (such as general practitioners) as well as voluntary sector services. This is in line with the government strategy of Improving Access to Psychological Therapies training and competencies; which suggests that psychological support and treatment for survivors and their children, is integrated into mainstream health services (DOH, 2010).

It is suggested that additional studies of a qualitative and quantitative nature would be beneficial to explore the concepts developed further. This could include utilising a more diverse population and including women and children who experience domestic violence but do not move into refuges. In addition it may be valuable to explore the accounts of families who have coped less well with the experience of domestic violence, in particular those where the relationship between mother and child has been significantly interrupted by the

undermining aspects of domestic violence. Future research may also consider the use of longitudinal or follow up designs. These would be beneficial in considering links between resilience and post-traumatic growth. Resilience is described as the process by which families adjust and cope with traumatic experience, and post-traumatic growth is considered a positive outcome of this process (Lepore & Revenson, 2006). Therefore, following-up research with families who have experienced domestic violence would offer possibilities of exploring the how the resilience process for these families links with the post-traumatic growth literature.

The photographic images created by the participating families are able to stand alone to show the journeys that they have been on and could be displayed as photo-stories of resilience. Future researchers considering the combination of Photovoice and interpretative phenomenological analysis in their research designs will need to consider the ability to maintain engagement with participants between the photo-taking phase and the meeting to discuss their images. Ensuring ongoing contact with participants keeping them informed of the progress may be beneficial.

## Reflexivity

Spending time with these families, hearing their stories of adversity and their adaptations and growth from these experiences was inspiring. Their determination and optimism for the future has motivated me to tell their stories to the best of my abilities, and I hope to have achieved this through this study. I found the use of Photovoice technique valuable in helping the families to express their thoughts and feelings, and this certainly provided the children with a sense of pride in their photographs and appeared to reduce their anxieties about the interview process. These experiences have motivated me to pursue work

with families to support the relationships within them, especially those who have experienced trauma.

### **CONCLUSIONS**

The aim of this study was to explore resilience in mothers and children who have experienced domestic violence in their family home, utilising a qualitative design method. The use of creative photo taking activities was helpful in engaging mothers and children.

The families' stories described how living with domestic violence was frightening and led them to develop a sense of powerlessness and isolation. They were caught in an ambivalent position in which they wished to escape the violence but were fearful of consequences of leaving. For these families leaving the family home was the result of a feeling that they were no longer able to cope with the violence. It is recommended that the effects of domestic violence are further publicised so that women and children are less fearful of speaking against the violence. It may also help to alert others to the possibility of domestic violence occurring in their friends' or families' lives. It is also suggested that awareness of, and access to, refuge and other domestic violence services be improved so that women and children can be supported both whilst living with domestic violence and while struggling with the stay-leave decision.

The families in this study describe the importance of maintaining the mother-child relationship. They state how difficult this was during their victimisation but strongly describe the importance of recovering their relationship once in the safety of the refuge. This relationship provides both mothers and children with positive experiences and they describe working together towards a future free of violence. It is recommended that services that

support families who have escaped from domestic violence provide opportunities for mothers and their children to work together to improve their relationships and talk about their experiences and hopes for the future. An example of such would be using the workbooks created by Humphreys *et al* (2006, 2006a) which are designed for mothers and children to talk about their experience of domestic violence through the use of picture activities (children aged 5-9years, 2006) and photo-activities (children aged 9-adolescence, 2006a).

Connections with friends and family were significantly affected whilst living with domestic violence. These families described feeling isolated in their experiences, and whilst living in the refuge they worked to reconnect with their families, and make new friendships within the refuge itself. This finding of active attempts by the families to re-engage in social contact is support by significant literature that reports the role of social support in resilience. It is therefore recommended that services for women and children who have survived domestic violence, support and actively encourage families to engage in social activities and provide contacts with local services, especially where families have moved to new areas for safety who may continue to feel isolated whilst living in the refuge. The role of the refuge in providing safety and connections with others is crucial to the recovery process for these families.

The findings prove resilience to be a developing process that for these families began at the point of no longer being able to cope with the violence and recognition that some form of action was needed. Their resilience developed through their motivation to achieve a quality of life and not to return their abusive past, and through their interactions with each other and with the refuge (both staff and residents).

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#### PUBLIC DOMAIN BRIEFING PAPER

# The Effects of Domestic Violence on Mothers and Their Children Heather Barnes

This research was conducted by Heather Barnes in partial fulfilment of the Doctorate in Clinical Psychology at the University of Birmingham. Research Supervision was provided by Dr. Helen Rostill, Dr. Louise Dixon & Dr. Michael Larkin (University of Birmingham).

# Summary of thesis research findings

The research undertaken in this thesis examined the mother-child relationship in the context of domestic violence and consisted of two parts.

Part one reviews the findings of research studies that have explored the relationship between the warmth a mother shows her child, and children's wellbeing whilst living with domestic violence. The literature discusses two possible ways in which maternal warmth affect the child's psychological and behavioural outcomes in children exposed to domestic violence. First the presence of maternal warmth may act as a protective factor for the child, and second, its absence may increase the negative outcomes. Findings showed that lack of maternal warmth is consistently associated with an increase in the development of maladaptive behaviours for children exposed to domestic violence. Therefore, this review highlights the need to support mothers who have experienced domestic violence to increase their emotional availability to their children.

**Part two** of the thesis is a research study that aims to explore aspects of the mother-child relationship that have facilitated the development of resilience. It utilises qualitative methods to enable women and their children to share their lived experiences.

Ethical approval was gained from a local NHS Ethics Committee for this project. Four families who had survived domestic violence and were residing in a women's refuge agreed

to participate. Families were asked to take photographs that showed the strengths in their relationship that had helped them to cope with the experience of domestic violence and life in the refuge. The families then described the photographs and why they had chosen to take each of them to the researcher. These discussions were analysed using interpretative phenomenological analysis (IPA). IPA is a method of analysing participants' stories to explore how they make sense of their experiences.

The families in the study described how they adapted to life in the face of domestic violence. They described how they developed resilience, and as such that they were able to escape the violence and to move on, after leaving their violent homes. The mothers and children in each family described the importance of their relationship with one another, and to a lesser extent to their extended families. They stressed how through these connections they were able to regain their personal sense of worth and develop a belief that they could control their lives and began to think positively about their future. Whilst in the refuge these images and beliefs became more realistic and achievable to them, and they began to actively plan their future lives, free of violence.

The methods used to interview and understand families' experiences were effective as they engaged both mothers and their children in the study, and enabled children as young as four years old to communicate their experiences.

#### **Conclusions**

The importance of the mother-child relationship was demonstrated as important for positive outcomes for both mothers and children living with and moving on from domestic violence. Considering these results and the effectiveness of the methods used in the research project, it is suggested that work with survivors of domestic violence should focus on the mother child relationship, applying creative techniques such as photography to engage all members of the family.

# **APPENDICES**

**Appendix 1.**Specific search terms used in literature review

Key Term	Included search items
DOMESTIC VIOLENCE	Domestic abuse
	Inter-parental conflict
	Intimate-partner violence
MOTHER	Mum*
	Mother*
	Ma*
MATERNAL WARMTH	Warmth
	Parenting Style
	Parenting*
	Mothering

# Appendix 2.

# Data extraction form

Control Group
Child ages
Measures
Key words
Included
Article
Aim/Hypothesis:
Method
Participants and measures:
·
Analysis & Results
Links to maternal warmth
Discussion & Limitations

Appendix 3. **Quality of articles**: numerical rating table.

Characteristic	Scoring Criteria
Design and Procedure	
<u>Design</u>	1 – cross sectional
	2 – experimental
	3 - longitudinal
<u>Sample</u>	1 – random
	2 – convenience
	3 – random & convenience
Procedure	1 – not specified
	2 – mentioned
	3 – reported in detail
Measures	
Maternal warmth	1 – questionnaire/interview
- Measure	2 – observation
	3 – composite
	1 – child/parent only
- Reporter	2 – parent & Child
•	3 – parent/child and another
Child outcomes	
<u>Child outcomes</u> - Measure	1 – questionnaire/interview
- Weasure	2 – observation
	3 – composite
	3 composite
- Reporter	1- child/parent only
	2 – child & parent
	3 – parent/child and another
Analysis Reporting statistics	1 – significance only
Reporting statistics	2 – some reported
	3 – all reported
	· · · · · ·
Statistical Power	1 - <0.5
	2 - < 0.1
Discussion	3- <0.01
Appropriate Conclusions	1 – none
	2 – some
	3 – all
<u>Limitations</u>	1 – none identified
	2 – some identified
	3 – all identified

## APPENDICES – EMPIRICAL PAPER

# Appendix 4. Example Photo story



# My Picture Story





First I had to ring up to get the address



I wrote the address down



I looked up the address on a street map



Then I made a plan of the route



I got in my car and drove



I got here and came into reception

#### **Appendix 5. Interview schedule**

1. "Can you tell me a bit about how you took the photographs?"

#### Prompts:

- Who took the photographs?
- What did others in the family do?
- How did you decide what to take photographs of?
- **2.** "Can you talk me through your photo story and how it shows the strengths in your relationship now"?

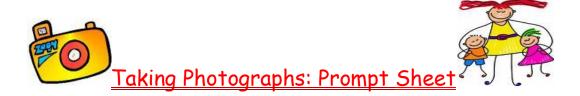
#### Prompts:

- What strengths does this photograph show?
- How did this strength come?
- Tell me something about what you would need to keep this strength going?
- What does this strength mean to your family?
- **3.** "Can you talk me through your photo story and how it shows the strengths in your relationship at the time you lived with domestic abuse"?

#### Prompts:

- What strengths does this photograph show?
- How did this strength come?
- How did this strength help you when you lived with domestic abuse?
- Tell me something about what you would need to keep this strength going?
- What does this strength mean to your family?
- **4.** "Are there any strengths that you did not take photographs of that you would like to tell me about?"

# Appendix 6. Photo-taking activity prompt sheet



I would like you to take photographs to show your strengths and what is good between you.

These photographs could be about: things you do together; things you do for each other; skills you have; or things that you share.

When taking the photographs, you might find it helpful to think about the following questions that I will ask you when we meet together.

# **Questions**

- 1. What are the strengths in your relationship now?
- 2. What strengths did you have when you lived with domestic abuse?



I hope you enjoy taking the photographs together.

When you have finished taking your photographs, please send your camera back to me in the pre-paid envelope provided.

Good Luck!



Heather





# Information Leaflet

# A family activity: looking at your strengths as a family. Strengths in mothers and children who have lived with domestic abuse or in violent families.

# Why is this study being done?

We would like mums and their children who have lived with domestic abuse to take part in a study that will look at the strengths you share as a family. We would like you to take part in an activity together and help us understand how you helped each other through this part of your life and strengths that you have developed since then.

We hope to learn about your strengths and share them with other mothers and children who have lived with domestic abuse.

# Why am I being asked to take part?

You have received this information if your family have lived with domestic abuse.

# What will I be asked to do?





We would like you to take photographs together about the strengths between you.

These could be things you do together, things you do for each other, skills you have or things you share.

Please do not take photographs of yourselves, families or home. You can take photos of drawings of these, but please do not write any names on them.

I will give you a disposable camera to share. I will get the photographs printed and we can talk about them next time we meet.



# Information Leaflet



# What are the benefits of taking part?



This is a chance to have fun together. We would like to hear about the strengths you share.



You will get to spend time together taking photographs of things that you do to help each other.



At the end of the study you will get to keep these photographs.



You're family group will receive a £20 Argos voucher to thank you.

# Do I have to take part?

No, you do not have to take part.

If you choose not to take part, this will not affect the services that you receive in any way.

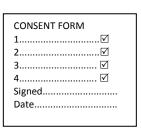
If you do decide to take part you can also pull out of the study up to two weeks after we meet to talk about your photographs.

# What do I do if I want to take part?

If you would like to take part you will <u>all</u> need to sign your consent forms to say that you want to take part. You will each need to sign a separate form.

I have given you an envelope to put them all in.

When I receive your consent forms, I will contact you to set up a meeting.







# Information Leaflet



# Will all the information be kept confidential?

Yes, it will.

I won't be using your real names.

I will be the only person who knows the actual people who are taking part.



The only time when someone will need to know who you are is if you tell me that a child is being hurt or that someone wants to hurt someone. I will share this information with the Local Safeguarding Children Officer.

All information collected will be kept in a locked cabinet.

# What are the possible disadvantages or risks of taking part?

Taking part should be fun for all the family. People usually enjoy talking about their strengths and often find telling their story a positive and helpful experience. I understand that domestic abuse is a sensitive issue and will make every effort to put you at ease during our meetings.

It is very unlikely that you will be upset by the interview, but if you are you can stop the interview at any time and you may leave the room if you wish. If you are upset after the interview, you can speak to me or any professional who is helping your family. I will also give you a list of numbers you can call.

# What happens when the research stops?

I will send you a summary of the findings of the study.

Findings may be published in a journal, but your real names won't be used and no-one will be able to tell who you are.

# Who is organising and funding the research?

This study is organised and funded by The University of Birmingham.

# Thank you for your time

If you would like to know more about the research project, or would like to be involved please contact me, Heather Barnes by:



E-mail: <a href="mailto:HKB708@bham.ac.uk">HKB708@bham.ac.uk</a>
Address: School of Psychology,
University of Birmingham, Edgbaston,
Birmingham. B15 2TT

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# Appendix 9. Debriefing Form.



# **Debriefing Form**



Thank you for your taking part in this study.

The aim of this study was to listen to mums and their children who have lived with domestic abuse. We hope to learn about strengths in your relationship with each other and how you got through.

I hope that you have enjoyed talking about your strengths and taking photographs together.

If you have any queries, questions or concerns regarding the study, please do not hesitate to contact me on the below contact details.

If you have any immediate concerns regarding the study, or feel at all uncomfortable please contact your family worker straight away.

#### **Contact details:**

Name: Heather Barnes Trainee Clinical Psychologist

Address: School of Psychology,

University of Birmingham,

Edgbaston,

Birmingham,

B15 2TT

Email: hkb708@bham.ac.uk



# **Debriefing Form**



The list below contains contact details of confidential organisations that offer mothers, children and young people advice and support over the phone or via the Internet.

Important phone numbers/websites

Women's Aid 0808 2000 247 www.womensaid.org.uk/

Free phone 24 hr Domestic Violence Helpline.

Women's Aid is the key national charity working to end domestic violence against women and children. They provide advice about finances, housing etc. and the number of your local support services.

#### The Hideout www.thehideout.org.uk

Women's Aid created this space to help children understand domestic abuse. It has information for young people and children and an area where you can share your stories and read other children's stories.

#### ChildLine 0800 1111 www.childline.org.uk

If you phone ChildLine you'll be able to speak to someone who cares about your problems.

The counsellors are all trained - they will listen to you and try to help you.

## YoungMinds www.youngminds.org.uk

Young Minds offers children and young people information about mental health and emotional well-being.

#### Samaritans 08457 909090 www.samaritans.org.uk

Samaritans provides confidential emotional support, 24 hours a day.

# Appendix 10. 8-Step Protocol for analysing focus group interviews using Interpretative Phenomenological Analysis (Palmer *et al*, 2010).

What are the participants' main objects of concern? What experiential claims
do they make about them?
What are the participants' and facilitators' positionalities?
What roles and relationships are described, and what do they mean to the
participants?
What organisations and systems are described, and what do they mean to the
participants'?
What kind of stories do the participants tell?
How is language used in the development of participants' accounts?
What are the patterns and variations in experiences which are shared?
Adaptation of emergent themes.
How do the insights from different groups relate to each other? Integration of
multiple cases

# **Appendix 11. Example Table of emergent themes**

Family 1.	Original transcript
Emergent themes	
Togetherness	photograph 1 - FAMILY OF PIGS
Physical contact, hugs,	line 24, mum: "they were all a little family all snuggled together"
closeness – incorporated	line 26, child: "and the end piggy kept moving to the middle"
into "rebuilding: making up	line 66, mum: " I tend to sit with one either side of me"
for lost time"	line 73, mum: "to see who can get closest"
	photograph 2 – TEDDY BEARS HUGGING
	line 141-2, child: "because when you are upset, you can go over there, and there is someone you can speak to and have a cuddle"
	line 724, child: "she says thank you and gives me a cuddle"
	line 877-879, child "how we snuggle up on the sofa in front of the TV, and swap places like the pigs and argue over who's gonna sit in the middle
	by mummy".

#### **Appendix 12. Additional verbatim quotes for each super-ordinate theme**

# 1. The Dilemma: trying to cope with the violence or make a change

Ann: I thought, I keep see, I've put up with it for such a long time over the years, because it's my problem, um, I shouldn't tell nobody, if you know what I mean, keep it to me self (Family 1, line 155).

Ann: because he d'aint (didn't) do nothing (when at home), I d'aint have the will to do nothing, I just used to sit about in me dressing gown, and get told off or some 'ut. (Family I, line 588).

Ann: but if it weren't for her (Jemma), know I'm thinking about it. I was gonna take an overdose, because I tipped the pills out and then I thought, why should I, I've got a daughter to look after. And her just kept an eye on me, didn't you? (Family 1, line 639).

Jemma: I had to get her out of there because her was getting ill. She used to just sit there in her pyjamas all day

Ann: well he wouldn't let me do nothing would he, so I just used to sit there, in my' jama's (pyjamas) (Family 1, line 1114)

Tina: was you lonely and sad hen me and your dad used to argue and you used to sit upstairs on your own.

Rhian; yes

Tina: because you don't have to do that anymore.

*Interviewer: mummy hasn't said much, she's very quiet is she always quiet?* 

Rhian: yes [ ]

Interviewer: so has mummy always been quiet, was she quiet when you lived at home? Rhian: yeah, she's quiet when she walks, she just goes like that, really quietly, when they were arguing, because she wanted to get out of the house, she crept round softly (family 2, line 726)

Interviewer; Have you had to do that at other times then, keeping quiet to get past drunken

Elizabeth; yeah, er, mum, mum

Claire: yeah

Elizabeth: have we had to do it? Claire: its just um, we've been

Elizabeth: mum, have we had to do it to get passed my dad?

Claire: yeah

#### 2. Rebuilding and reconnecting: Life within the refuge

Ann: I go out sometimes and ask her, do you want to come, and sometimes she do and sometimes she don't, but when we first came here, cos we don't know where, how to get about, we was out together all the while (Family 1, line 1143)

Tina: didn't have so many cuddles when we were at home did we, your dad always had to be in the way, didn't he? (Family 2, line 168)

*Tina: there like a big family aren't they (polar bears)* 

*Interviewer; and is there anything about that family that's like yours?* 

Rhian: there all smiling it looks like. It looks like that one's laughing, that one's laughing, that one's smiling and that one's smiling

Interviewer: so we if we took that photo would we see you and mummy smiling?

Rhian: yes (pause), here, but not when we lived with daddy.

*Interviewer; why do you think you smile more now then?* 

Rhian: um, because there's no more arguments, and well, mummy doesn't have to get up that much any more, so we can just sit on the sofa together, and smile. (family 2, line 259)

Interviewer: what other things make you happy?

Rhian: when I make things with my family [] we make Christmas cards, and when we make clothes and we make other stuff like a wreath []

Ina: we make lots of stuff like that here

Interviewer; did you make stuff like that at home?

Tina; we did sometimes didn't we, but your dad used to moan if we were doing too much together because he used to feel left out, he had o be the centre of attention really, didn't he. Moaned about the mess, so we'd put it away and not bother. But we can make mess here (in the refuge), as long a we tidy up after, can't have fun without making a mess can you? (Family 2)

Dal: there's a lot of conker trees around here, and we collected like 4 carrier bags of conkers. And that was really nice, it was fun collecting them [] yeah that was fun that was (family 4, line 270)

*Interviewer: so do you see nanny?* 

Claire: it used to be once a week, didn't it, but you know, once she started school it was less, because I couldn't get out like, and so, she didn't see her nanny very much, but when we go to my brothers, she see's, she seen her a couple of times, and her granddad, because granddad really loves you, doesn't he? (family 4, line 2050)

## 3. Creating an image of our future

Ann: We just miss him (cat) that's all. We're always talking about him, it's something to look forward to, it's something that's ours, to take to our new property (family 1, line 402).

Ann: Well, I think they're nice pictures to frame and put up in our new place, you know, because it is something Jemma did. [] So there will be lots of nick nacks to put up on the wall. So there will be something to take there, and it's something to remember this place by, how helpful they've been like (Family 1, line 442).

Interviewer: you took this picture (exit sign) you said it was about getting out of home?

Ann: its having, to me that means

Jemma; more things to do

Ann: having my life back, what's left of it. Um, being able to do things for myself (family 1,

line 1181)

Interviewer: so you have been thinking about when you move out of here, Elizabeth, or is mummy thinking about that?

Elizabeth: yep

Claire: mummy's thinking, a lot. (Family 4, Line 2266)

# Appendix 13.

Appendix 13. Examples of transcript coding.

Examples of coding of the transcripts for, positionalities of interviewer and participants, roles & relationships described, and language used. These are not the full tables that were used for analysis but excerpts to enable the analysis process to be followed in detail.

Person	positionality
(Family 2)	During picture 1 discussion
interviewer	Page 1 - Repeating child's words, trying to encourage her to talk, and asking quite closed questions, who took that one, whose idea was it to take that one.  Page 2
	Line 33-34 confirm what child says then asks about whether that is something they do, you and mummy; but not open to others or family. Trying to encourage her and not think about anything negative.
	Line 45 & 47 - asking for comparison of "cuddling" before and now. Then asking "why" is different. When child doesn't answer, and I give her the option of not answering "do you know?" but I suspect there is a reason for the change so I re-direct the question to mum. Line 59-64: summarise what they have said, keen to get whole picture, so introduce sister who is not there.
	line 100-103: summarise what I "hear" from what mum said and ask If I have got it right, but prevent further exploration with closed question. Keen to keep chid 1 on my side and talking. Lines 106, 9, 12, 15 – closed questions and so got closed answers. Tried to take pressure of child and get mummy talking, as it is supposed to be both of them and so far it is mostly child led summarising what they said followed by more open questions to get more information. Page 6 - Is that right, checking between c and m's opinion, closed though so asking for agreement really.
	Looking for difference between past and present – so directive for that Giving child choice which photo comes next, keen to engage her and keep her involved, harder than mum?
Rhian	Page 1 + 2
	Quite confident to make the choice of which picture to look at first. Descriptive of how they went about getting the first photo, I was looking at them and mummy said to get a picture. Creates an image of the two of them going round the event together. Line 15-19 "because mummy likes, you like animals too, because we both" she integrates the two ideas, hers and
	mummies. Links this with what they do "we sit on the sofa and watch telly"
	However when the question becomes more abstract and difficult relies on mum to answer for her e.g. lines 48-50 "yes, not so much, um no" yes they did get time together, but not really, indecisive of whether should admit this or not at this point, not sure of what is and isn't ok to say with me.
	Line 65 "not with me, but she does with mummy", both sisters get up close to mum, importance of mums holding role; but sisters don't do it the same.
	Line 85 – is there anything else you want to say about piggies "no". I wonder if this is because mum has just said how different it is between past and now, and she doesn't want mum to say anything else about this. By saying no offers the chance to take some control of the interview. Line 98 – "and daddy was at work, that was really hard" wants to let us know that's she misses
	her dad, but maybe more than that that he wasn't always there, so she didn't get much time with him either. Now they are apart she has time with mum, and separate time with her dad, where it is just them? (See later, where she goes to dad's house).
	Line 108 – "teddy bears" again chooses which picture we look at next, without any prompting from mum, she seems to know what is important, or important to her, and she is quite assertive, where I ask if mum should tell us about the photo line 117 "yes, but that one's mummy's teddy and that one's [child2]'s teddy. I wonder what it feels like for neither of them to be here teddy,

	represents a time from before child 1 and her dad joined the family.
Mother	Page 1- I ask who's going to tell me about these photo's and
(Tina)	Line 3 - mum says "which one do you want to do first"
	Putting child first, before herself.
	Line 15 child says, because mummy likes animals and mum says
	Line 16 "you like animals too, don't you"
	As if, it wasn't because of me we took them for you as well, not just me, for both of us.
	Line 24 "they were a little family all snuggled together"
	Saying why they really took the photo, or why she thought it would be a good idea.
	Page 2
	"he didn't want to be left out did he, it was funny wasn't it"
	She had observed them and noticed this, and then says funny to encourage child1 to talk, I
	wonder if it was funny because it resonated with them to her, mother with children no man, all
	trying to get close. Funny backs me off and draws child in?
	Line 42 "it's usually you on my lap isn't it" showing me how close they are and asking for child
	1 to back her up on this?
	Page 3 – closeness to mum. Seems important as she starts talking, perhaps she wants to show me that she is a good mother?
	Line 80-83 "it's probably because we are all in one room here as well, when tey have got their
	own rooms they tend to spend more time in their own rooms don't they, spend more time
	together now don't we? Talks about past and there is a them and me aspect, now it's we.
	Showing that things are better now, justifying decision to leave? Starts answering me, ends
	asking child for agreement
	Page 4
	Line 90 – 94 : sounds blaming of J and M's dad for not getting on "I don't really know why we
	didn't spend time together before. I think its more J didn't get on with m's dad anyway so we
	were hardly ever in the same room really. And then she'd call from upstairs because she didn't
	want to be left out on her own, so"
	Line 122 – need to be rescued from old house, it was dangerous there "we rescued then from our
	old house, didn't we"
	Line 130-132 "a mother and a child, or anyway really a father and a child or two sisters" was
	this the experience that father-child1 relationship was ok, doesn't want to say its just her and
	child1? Line 135 "or you and [sister]" not wanting child2 to be left out again.

Roles and	extract	Meanings expectations
relationship		consequences
dad	Line 98 "daddy was at work and that was really hard" (child1) Line 270 "yes here, but not when we lived with daddy" because there's no more arguments" (child1) Line 291-2 "sometimes, if daddy was working on cars and he would ask me to come and help and I didn't want to, he'd like shout at me, a little bit" (child1) (mum) "he'd lose his temper with you" Line 300-305 (I) "if we took this photo when you and mummy and [child2] were living with daddy, what faces would you have had then?" "well, like the penguin, lonely, sad and grumpy".	Make me feel lonely sad grumpy (child1) Goes to work (child1) He will lose his temper with me (child1) He will argue with mum (child1) I will have to go upstairs on my own (child1) Scary (child1 & mum) Stop us doing things/restrictive Moans (child1 & mum) Different (child1) Sad, lonely, left out (child1) Clever, good (child1) Not always bad (mum) just with mum. HIM/HE Mean
friends	Line 334-336 " my friends come and play with me and help me forget about that and then I feel happy again" (child1) Line 341 " well I was happy to go to school, but when I	powerful They will make me feel better (child1) They are far away, and can't help me when I'm at home.

Language use	Meaning	
Phrases 1.	"Get on her nerves" – to me implies annoying, but I	
"getting on nerves"	think this is worse than that for her	
Line 80		
Mum "it used to get on her nerves"	Things that get on your nerves are a challenge but they	
Line 1019	need sorting thinking through and getting sorted out.	
Mum "but [child] likes doing complicated things"		
I "mm"	Getting on nerves changes from meaning from being	
Mum "because her fathoms it out the end of the day,	something that caused quite significant upset – being	
daint yer"	abused or witnessing abuse, to meaning annoying,	
Child "yeah cos it gets on my nerves"	such as not being able to complete something or quite	
Line 1079	reach a goal. Difference between position of victim	
Child "theres a 3d one though, thats gonna get on my	unable to move from stuck position, to position of	
nerves	someone who is active and is looking at ways to	
	resolve a problem.	

**Appendix 14.** Example photo-story. Family 1.













#### Appendix 15.

#### Instructions to authors – Journal of family violence

#### General

Manuscripts, in American English, should be submitted to the Editor's Office via the journal's web-based online manuscript submission and peer-review system:

www.jofv.edmgr.com

#### **Manuscript Submission**

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Manuscripts should be checked for content and style (correct spelling, punctuation, and grammar; accuracy and consistency in the citation of figures, tables, and references; stylistic uniformity of entries in the References section; etc.), as the typesetter is instructed to follow (accepted) manuscripts as presented. Page proofs are sent to the designated author for proofreading and checking. Typographical errors are corrected; authors' alterations are not allowed.

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A title page should be uploaded as the first page of the manuscript and should include the title of the article, author's name (no degrees), and author's affiliation. Academic affiliations of all authors should be included. The affiliation should comprise the department, institution (usually university or company), city, and state (or nation) and should be typed as a footnote to the author's name. The suggested running head should be less than 80 characters (including spaces) and should comprise the article title or an abbreviated version thereof. This title page should also include the complete mailing address, telephone number, fax number, and e-mail address of the one author designated to review proofs.

An abstract is to be provided, preferably no more than 150 words.

A list of 4–5 key words is to be provided directly below the abstract. Key words should express the precise content of the manuscript, as they are used for indexing purposes.

List references alphabetically at the end of the paper and refer to them in the text by name and year in parentheses. Where there are three or more authors, only the first author's name is given in the text, followed by et al.

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- last names and initials of all authors
- year published
- title of article
- name of publication
- volume number
- and inclusive pages
- Journal Article

Friedrich, W. N., Urquiza, A. J., and Beilke, R. L. (1986). Behavior problems in sexually abused young children J. Pediat. Psychol 29: 47–57.

Book

Kelly, J. A. (1983) Treating Child-Abusive Families: Intervention Based on Skills-Training Principles, Plenum Press, New York.

Contribution to a Book

Feindler, E. L., and Fremouw, W. J. (1983). Stress inoculation training for adolescent anger problems. In Meichenbaum, D., and Jaremko, M. E. (eds.), Stress Reduction and Prevention, Plenum Press, New York, pp. 451–485.

#### **Footnotes**

Footnotes should be avoided. When their use is absolutely necessary, footnotes should be numbered consecutively using Arabic numerals and should be typed at the bottom of the page

to which they refer. Place a line above the footnote, so that it is set off from the text. Use the appropriate superscript numeral for citation in the text.

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