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**AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF THE IMPACT OF  
DOMESTIC VIOLENCE ON THE MOTHER-CHILD RELATIONSHIP**

Section A: Factors contributing to women's abuse of their children within the context of

Domestic Violence: A review of the literature.

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Section B: An Interpretative Phenomenological Analysis of female domestic abuse sufferers'

experiences of parenting

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**Summary of MRP Portfolio****SECTION A**

Women in Domestic Violence (DV) relationships have been shown to be at risk of being violent towards their children, but it has been suggested that this is in response to male violence. Recent advances in the field of traumatic stress studies have highlighted the importance of attachment and complex trauma in understanding the intricate dynamics that characterise DV, drawing on insights from the fields of developmental psychopathology and the neurosciences. Section A evaluated whether the early traumatic relational experiences of women currently experiencing DV can contribute to our understanding of women's violence towards their children. Seventeen studies were included. Tentative preliminary support was found for the suggestion that trauma might be a contributory factor to women's violence towards their children, but further research is needed.

**SECTION B**

This research utilised Interpretative Phenomenological Analysis to understand the experiences of seven women living in refuge, and their perceptions of how their relationships with their children had been impacted upon by the domestic violence. Four superordinate themes emerged: the perceived influences of their own childhood experiences on their parenting styles; transition and the importance of regaining agency and a sense of hopefulness in effecting change; relationship to the individual child or children, and emotional regulation and trauma in the mother-child relationship. The findings have clinical implications for therapists and agencies working with mothers transitioning out of DV relationships.

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Section A: Literature Review

Factors contributing to women's abuse of their children within the context of Domestic  
Violence: A review of the literature

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## Abstract

Factors contributing to women's abuse of their children within the context of Domestic Violence: A review of the literature

The violence of women in Domestic Violence (DV) relationships towards their children has been understood within a context of male violence. Recent advances in the fields of traumatic stress studies, developmental psychopathology and the neurosciences have highlighted the importance of attachment and complex trauma in understanding DV. This review aims to explore factors relating to women's violence towards their children.

**Objectives:** This review utilises the Critical Appraisal Skills Programme (CASP, 2010) guidelines and the Center for Evidence-Based Management (CEBMA, 2014) guidelines to evaluate critically the factors contributing to the violence of female victims of DV towards their children, examining the existing literature in domestic violence. Implications for working with women in DV relationships and their children are discussed.

**Methods:** Two electronic databases, Psychinfo and Medline, were searched for studies with women who had been in intimate partner relationships in which DV had occurred.

**Results and conclusion:** Seventeen studies were reviewed altogether: one meta-analysis, nine surveys, one cohort study, two literature reviews and four qualitative papers. Tentative preliminary support was found for the suggestion that a history of complex trauma might be a contributory factor to women's violence towards their children, but further research is needed.

**Keywords:** Domestic violence, mother-child relationship, attachment, traumatic re-enactment, abuse.

Factors contributing to women's abuse of their children within the context of Domestic  
Violence: A review of the literature

### **Language and Definition**

The Government of the United Kingdom defines domestic abuse as:

“any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial or emotional domains” (Home Office, 2013).

The World Health Organisation defines child maltreatment as:

“All forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.” (Butchart, Harvey, Mian, & Furniss, 2006, p.59)

These definitions have been selected because of their breadth, and because they incorporate the more subtle aspects of abuse. The child maltreatment definition is consistent with the risk factors for the development of complex trauma, and the similarity to the adult definition of domestic violence (DV) demonstrates the continuing relational and interpersonal nature of the abuse to which it is hypothesised that the adult is vulnerable.

The terms ‘domestic violence’, ‘domestic abuse’, ‘spousal abuse’ and ‘intimate partner violence’ (IPV), are used interchangeably throughout the research literature, as are a range of terms with more overtly political connotations, such as ‘battered women’. The

debate over terminology reflects the polemical perspectives that characterise this field. For the purposes of this review, all terms will be subsumed under ‘DV’, because it is the most commonly used (Stanley, 2011) and thus consistent with the literature. However, the term utilised in the papers selected has been adopted when the paper has been discussed.

### **Domestic Violence**

The prevalence rate of women experiencing DV in the United Kingdom is concerning: the Crime Survey for England and Wales (CSEW, ONS, 2014) estimated it at about 7% in 2012-2013, around 1.2 million women. 30% of women experienced DV since the age of 16, equivalent to 4.9 million women (CSEW, ONS, 2014). The World Health Organisation identified DV as a serious global health problem, with between 15% to 71% of women interviewed in their multi-country study experiencing physical or sexual violence, or both, from a partner within their lifetime (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006).

Men are also vulnerable to DV, although as the focus of this review is on the mother-child relationship this will not be considered further.

### **Women’s abuse of their children within a DV context**

DV is a complex and multi-factorial problem with a variety of elements that increase risk (Abramsky et al., 2011). It has been understood through several lenses: feminism, discourses of gender, power and control, intergenerational transmission of violence, systemic and individual factors (Abramsky et al., 2011). Fierce debates have raged between political factions.

This review focusses on a contentious and under-researched area; the increased risk of child maltreatment by some women who have experienced DV (Peled, 2011). Many women who have experienced DV do not abuse their children (Jouriles, McDonald, Slep, Heyman & Garrido, 2008), and association does not prove causation. The factors contributing to increased risk of maternal child abuse are poorly understood, and discussion emotionally charged (Lapierre, 2010). The debate is polarised, with feminist researchers arguing that women's abuse of their children exists solely in response to male violence (the 'sequential perpetrator' model, (Peled, 2011)), and others highlighting the agency of women in their parenting choices, even within the dynamics of abuse (Damant et al., 2010). There is an increased risk of maternal abuse of their children in families experiencing DV (Peled, 2011). Both sides have accused the other of methodological flaws and researcher biases which perpetuate a particular political stance, and impede change (Flood, 2006).

Feminism served the function of highlighting the acute suffering experienced by female DV victims, and was instrumental in creating refuges and fighting for legal recognition (Peled, 2011). It has been argued, however, that the narrow focus on men's violence against women, with men as 'perpetrators' and women as 'victims', is inconsistent with the research on family violence (Dixon & Browne, 2003), and prevents us from acknowledging women's agency (Damant et al., 2010). This both increases the risk of child maltreatment (Dixon & Browne, 2003) and leaves women vulnerable to further abuse in future relationships. It is of clinical relevance to identify factors which contribute to child maltreatment, in order to guide intervention.

Peled (2011) presents a compelling argument that the feminist literature has failed to engage with the 'taboo subject' of women's violence towards their children. She locates this in the socio-political context of DV, and the polemical nature of the debates that characterise this field. She highlights the difference between child protection agencies, whom she suggests

hold women responsible for both the abuse perpetrated by the partner and for their own abuse, versus the ideological outlook of feminist scholars and DV agencies, which positions any abuse perpetrated by the woman as a contextual response to the male's violence, and describes any discussion of women's agency as 'victim-blaming'. She cites Jouriles et al., (2008) as evidence that women do abuse their children, and considers three hypotheses regarding mother-child abuse. The 'situational stress factors' hypothesis (Peled, 2011) posits that women abuse because of the many stressors they are experiencing, including child behaviour problems. The 'sequential perpetrator model' postulates that abuse perpetrated on the woman by her partner 'spills over' into her relationship with her child. It suggests this is because of the negative affect she is experiencing, her physical and mental exhaustion, and her efforts to control her child's behaviour in order to avoid evoking abuse from the partner. It is further suggested that this is a response to the children's behavioural difficulties created by their exposure to DV. Peled (2011) cites her own previous research in support of this. The third hypothesis she mentions only briefly, citing no research. She describes this as the 'person-based' hypothesis; that individual psychological, biological, developmental and personality characteristics might lead a woman to abuse her child. The 'complex developmental trauma as a contributory factor' hypothesis (discussed below, and henceforth referred to as the 'C-PTSD hypothesis') this paper is exploring can be subsumed under this category. Before moving to the main body of the review it is helpful to consider complex developmental trauma and attachment.

### **Complex Developmental Trauma and Attachment**

Siegel (2013) has argued that the emerging field of psychological trauma has much to offer the DV literature.



Attachment theory (Bowlby, 1977) suggests that our relationships during the first three years of life are critical, as we need an attuned primary caregiver who will help us to co-regulate our affect, in order to develop emotion regulation skills and a secure sense of self. The Dynamic Maturational Model of Attachment (Crittenden, 1995) is primarily a theory of survival and safety-seeking: by forming attachments to other people an infant seeks to reduce the risk of experiencing harm. When parents persistently do not respond to the child's need for attention, closeness, and attuned care, or respond with criticism, abuse or neglect, the child does not develop a sense of security within the relationship (van der Kolk, 2005). It is argued that this affects the child's ability to think, learn, retrieve information, regulate affect and manage behaviour (Ford, 2005). Adults who have experienced maltreatment as children may have evolved relational strategies that are focussed on minimising harm, and unconsciously carry this internal working model of relationships into intimate partnerships (Crittenden, 1999). For the individual experiencing complex trauma, negotiating the dance of intimacy versus distance, dependence and inter-dependence is fraught with conflict (Liotti, 2013).

The construct of Post-Traumatic Stress Disorder (PTSD) (APA, 2013) describes a range of affective, somatic and psychological symptoms, and positions these as a response to the traumatic event, rather than innate characteristics of the affected individual. It has been argued (Courtois, 2004) that the construct of PTSD is insufficient to understand or capture the experience of people who have been exposed to repeated or severe interpersonal maltreatment, abuse or neglect, particularly if these experiences have occurred during early development, in the context of an attachment relationship, or where escape has been impossible because of psychological, familial, social, environmental or physical constrictions (Cloitre et al., 2012). There is an emerging, though contentious (see Resick et al., (2012) for the counter-argument), field of trauma study advocating the construct of Complex Post-

Traumatic Stress Disorder (C-PTSD) (Elklit, Hyland, & Shevlin, 2014) which posits five additional affected domains of functioning in addition to the diagnostic criteria for PTSD: disturbances in self-regulation, dissociation, disturbance in relational capacity, somatisation and adversely affected belief systems (Cloitre et al., 2012). The proposed construct both incorporates and is consistent with neuroscientific and developmental psychopathology research about the impact of exposure to trauma on the developing brain, and with the literature on attachment (van der Kolk, 2005) and dissociation (Nijenhuis, Van der Hart, Kruger, & Steele, 2004; Van der Hart, Nijenhuis, & Steele, 2005).

By this theory, a contributor to some women's abuse of their children in DV is that a proportion of women in DV relationships are likely to be experiencing complex trauma as a result of childhood experiences of abuse, with concomitant difficulties in affect regulation and relational capacity. This is consistent with the 'person-based' model incorporating developmental and intrapsychic factors described by Peled (2011). It would be useful to establish whether the index criterion for C-PTSD, the proposed aetiology of childhood experiences of trauma (Knefel & Lueger-Schuster, 2013) occurs within a DV population. As related research on adult intimate partner violence has focussed on the role of childhood experiences of trauma as a risk factor for both re-victimisation and perpetration by men and women (Stith, Smith, Penn, Ward, & Tritt, 2004) this bears further examination to establish whether this is supported with a DV population.

Establishing whether this is present within a DV population would provide tentative preliminary support for the suggestion that C-PTSD could be present in some women experiencing DV. It is vital that this be identified, in order that services working with women and their children can offer 'trauma-informed' care that acknowledges women's agency with regard to their parenting, even within a context of male violence, thus reducing risk and comorbidity, and meeting the clinical need.

### **This Review**

#### **Aims**

This review aims to explore factors relating to women's abuse of their children within a DV context, to clarify which of the three theoretical positions discussed is best supported by the current literature, and to highlight gaps for further research. It is of clinical validity to establish whether women's abuse of their children occurs solely in response to male violence, as is advocated by the sequential perpetrator model (Peled, 2011), whether it is in response to the multiple stressors associated with DV (as in the 'situational stressor' hypothesis mentioned by Peled, 2011) or whether other 'person-based' factors such as C-PTSD may contribute. This review further aims to clarify whether the proposed aetiology of C-PTSD, a childhood experience of trauma, is supported within a DV population. This review does not attempt to argue that trauma offers a single explanation; there is a range of perspectives that have a degree of validity; but it is hoped that something helpful can be contributed to the existing literature.

This review addressed two questions:

- Question 1: What are the factors that contribute to women's abuse of their children in DV?
- Question 2: Is there an association between being a victim of DV and the experience of relational trauma in childhood?

## Method

### Literature Search

Electronic searches were conducted in The Cochrane Library, PsychInfo and Medline. A separate search was performed for each question (specified below), with the following search terms used for all: {domestic violence} or {intimate partner violence} or {domestic abuse} and limited to {human; adult; female; English language}. These are subsumed under 'DV' below. References and citing articles were followed up for each paper selected. All studies relating to dating violence in adolescents or college students were excluded, and only adult clinical populations or broad population surveys examined. This decision was grounded in the meta-analysis of Johnson (1995) who distinguished between 'common couple violence' found in the general population, and 'terrorist' violence that would be more typical of women requiring refuge. This limits the generalisability of the results of this review to a specific population experiencing severe DV. DV was seen as male on female for the purposes of this study. Several detailed preliminary searches were performed before appropriate keywords were selected for each question and the searches honed accordingly. Further broad searches were also conducted to seek meta-analyses and review papers. When a reliable and useful meta-analysis was found, the literature searches were conducted for the years following this publication. Figure 1 delineates the final search process.

**Question one, search one.** The preliminary searches utilised broader terms, such as 'mother' 'child maltreatment', 'women abuser', and many different combinations of words were tried. Unfortunately however, these resulted in large numbers of articles (27 000 +), and it proved impossible to exclude articles that related to women as victims of DV which did not examine maternal perpetration of abuse. It was decided to focus on 'women as perpetrator' search terms. There was a potential cost to this strategy in that it may have excluded papers

relating to maternal abuse that were not drawn from forensic populations, although an attempt was made to mitigate this by examining closely the reference list of each paper found. The search terms below were used and relevant articles and references followed up, and the findings were compared to the references of existing review papers to ensure that the majority of the relevant literature was found. It is possible that some relevant papers have been missed. No dates were set for this literature search; it explored all literature from the inception of the databases until the present day.

The search terms used were: DV AND female perpetr\* OR mother perpetr\* OR wife perpetr\* AND child maltreatment OR child abuse OR family violence OR offender. Seven papers were found, but after the exclusion criteria were applied no papers were selected. However several relevant articles were utilised for references and citations; this elicited a critical review paper (Appendix A), a systematic review (Appendix A), three surveys (Appendix B), and a qualitative research study (Appendix C) which were included.

**Question one, search two.** During preliminary literature searches very little qualitative research was found related to the experiences and beliefs of the women themselves, and their reflections regarding the issue of maternal child abuse. The researcher felt it was important to establish whether the voices of the women themselves had been heard on this topic, and what could be learned from their accounts. A search was performed for qualitative literature pertaining to the mother-child relationship in DV. The search terms used were: DV AND child maltreatment OR child abuse OR child trauma OR trauma OR parent OR parenting OR mother-child relationship OR maternal OR mother-infant AND qualitative OR phenomenological AND victim OR victimisation OR victimization. This elicited 37 papers. The exclusion criteria applied were: no info on mother-child relationship, dissertation abstract, adolescent to parent abuse. After the exclusion criteria were applied one relevant paper was selected. A further two papers were identified by reading through the references of

previously selected papers, and the excluded papers that were tangentially relevant. No dates were set for this literature search; it explored all the literature until the present day. Three qualitative studies (Appendix C) were selected.

The results of both of these literature searches will be considered together.

**Question two, search one.** The initial broad searches looking for reviews and meta-analyses culminated in the discovery of the Stith et al. (2000) meta-analysis. Stith et al.'s (2000) meta-analysis examined published and unpublished literature investigating the relationship between childhood exposure to DV and becoming involved in a DV relationship as an adult. This was a high quality review, which provided a rigorous overview of the research to date. It was used as a base from which to search. This led to the search in Psychinfo and Medline, from 2000-2016, using the search terms: DV and {re-victimisation}. This produced 68 results, two of which were selected as suitable for inclusion as they dealt specifically with adult female victims of DV. Studies which did not specify whether the increased risk of DV found following childhood abuse related specifically to perpetration or victimisation, or which did not differentiate by gender, were excluded. Further to this, detailed preliminary literature searches had elicited five relevant, large-scale, high quality recent epidemiological studies. These were included (using Kelly, Clark, Brown, & Sitzia's (2003) criteria for survey good practice, and large sample size as an inclusion criterion) and their references followed up. Thus one meta-analysis (Appendix D), six surveys (Appendix E), and one cohort study (Appendix F) were selected.

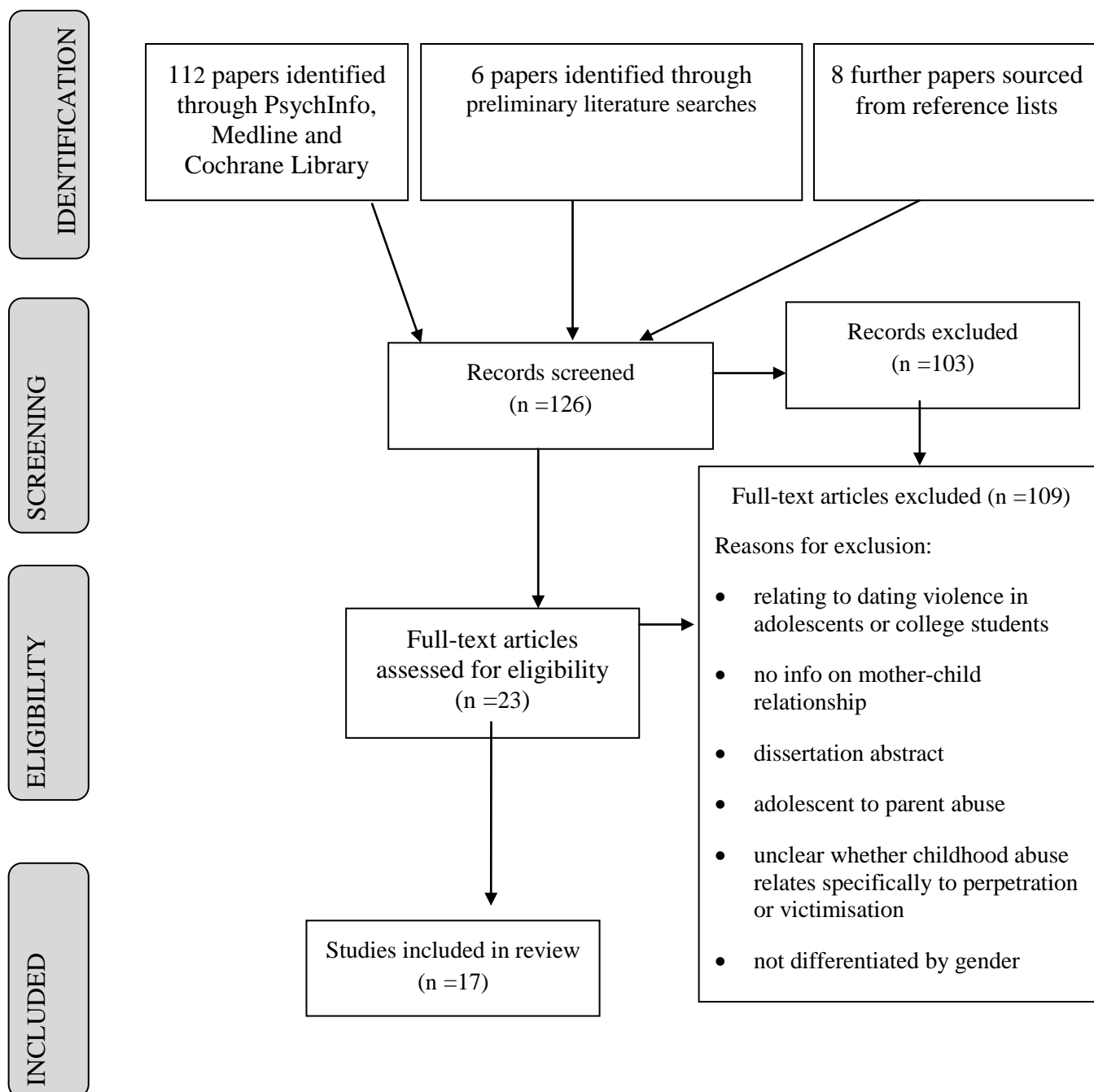


Figure 1. PRISMA flow diagram of three literature searches combined (adapted from Moher, Liberati, Tetzlaff, Altman, & the PRISMA group, 2009).

**Structure of this Review**

Each question will be considered in turn, and the relevant studies critically evaluated. Where studies have a tangential association to the question being investigated only the pertinent aspects will be discussed. Where possible, studies have been critiqued using the Critical Appraisal Skills Programme (CASP) (CASP, 2010) guidelines; how well each study performed in relation to each CASP criterion has been tabulated in Appendices A to F. Due to space constraints, only the most salient points from these will be covered in the main text. The CASP guidelines are widely acknowledged as being an effective way of critiquing research. Surveys were critically evaluated using the Center for Evidence-Based Management (CEBMA, 2014) guidelines, as CASP do not provide a framework for survey evaluation.



## Results

### **Question One: What are the factors that contribute to women's abuse of their children in DV?**

**Literature reviews.** Jouriles et al. (2008) present a review of the literature pertaining to child abuse amongst families in which DV has occurred, with a view to establishing how common child abuse is, and any patterns occurring and explanatory factors.

They limited the definition of 'child abuse' to physical abuse. They defined clearly the terms and inclusion criteria used in terms of population and definitions of abuse, but did not appear to have any inclusion criteria for the type or quality of studies included. Following on from a 1998 review paper, the authors searched several databases between 1998 to their date of literature searching, and followed up reference lists to identify additional articles.

The authors stated that they were 'not aware' of other studies examining co-occurrence of abuse than the two reviewed, but missed the work of Dixon and Browne (2003) and the research published following this. No attempt was made to assess the quality of the included studies. They found that racial/ethnic diversity and income level did not account for a large portion of variability between studies.

The authors concluded that children in DV homes are at elevated risk of physical abuse compared with children from non-DV homes. A related finding was that the most prevalent pattern of abuse involves both parents abusing each other and one or both also abusing the child. They found that rates of child abuse were approximately equal for mothers and fathers. This study was thorough in its inclusion of relevant articles, but did not evaluate or critique the quality of these. Given these limitations, it seems reasonable to conclude that there is tentative preliminary support for their findings, but that further research would be needed to substantiate these. The findings that children of DV homes are at elevated risk of

abuse, and that rates of abuse perpetrated by both mothers and fathers are equal, do not directly support any of the three hypotheses. However, their finding that the most prevalent pattern of family violence involves bidirectional violence on the part of the couple, then one or both abusing the child, is of theoretical interest. This could be interpreted as supporting all three hypotheses: that women are violent in response to stress (situational stress hypothesis), that women have to be equally violent in order to stay safe (sequential perpetrator hypothesis), but potentially the systemic attachment perspective of C-PTSD is relevant here. The bidirectional violence of the couple could be interpreted as an attempt to regulate closeness and distance in adults who have a history of trauma or insecurity within the attachment relationship, as described by Liotti (2013). The child could then be experienced by the couple as a threat to the dyad; it is notable that much DV starts in pregnancy (Burch & Gallup, 2004). The abuse of the child could be understood as an attempt to maintain the integrity of the family unit. Further clarifying research is needed.

Peled (2011) argues for the 'sequential perpetrator model', and draws on a large number of pertinent references, largely her own previous research, to substantiate her case. She highlights gaps in the literature, and references a number of systematic reviews and meta-analyses that support her arguments. However, the criteria for a 'critical review' are not met: no search strategy is described, nor inclusion or exclusion criteria, and so it is impossible to say whether key articles have been included, and it is clear that the literature relating to couples, attachment style or trauma history (the 'person-based' factors) has not been considered. The author does not attempt to critique any of the articles referenced nor evaluate their quality, and so the conclusions that can be drawn from these are tentative at best. No details of the participant populations for the studies utilised are offered, and so the conclusions she draws from the data cannot be said with certainty even to apply to the same population, and cannot be generalised. However, despite the methodological flaws inherent in

this review, it is hard to disagree with her argument that the topic of women's abuse of their children in a DV context merits further research. Considering the limitations of these two review articles, the following new review of the primary literature is warranted.

**Further literature.** Dixon, Hamilton-Giachritsis, Browne and Ostapuik (2007) investigated the characteristics associated with child maltreatment both within the context of DV and where no DV existed. This critique focusses on the MV category: mothers who perpetuated child maltreatment and were DV victims. It utilised appropriate design and selection procedures: cross-sectional, between groups design and subjects were selected through the Child Protection process, in a manner that controlled for selection bias. It is a very specific sample of 162 families who were involved in the child protection process, and so would not be generalisable outside this population. The data were taken from evidence-based psychological reports, rather than self-report. It would have been of interest to have assessed parental PTSD and attachment style, as these are potential confounding variables. They found that mothers in the MV category were significantly more likely to neglect than physically or sexually abuse the index child than mothers in other categories, and this remained the case when other factors were controlled for.

This was a well-designed and rigorous study, so it seems reasonable to conclude that their findings are accurate. As with Jouriles et al. (2008) above, their finding that women were significantly more likely to neglect than actively abuse their children could be interpreted through the lens of any of the three hypotheses, and would need further research to clarify.

Rodriguez (2006) utilised a comparative survey design to clarify factors that might increase risk of child abuse potential amongst DV victims. She clearly described her selection of 80 participants from two sources: women in refuge and women in transitional housing programmes, the latter further on in their journey of separation from the DV perpetrator.

Participants self-selected, but ‘virtually all’ eligible women elected to participate in the study. The sample was representative of the refuges and transitional housing units from which it was drawn, but may not be more widely generalisable. She found that increased depressive symptomatology, anxiety, anger and hopelessness were correlated significantly with Child Abuse Potential Inventory Scale scores, as well as an insecure attachment style (suggestive of a history of relational trauma), in the overall sample, but that the women in refuge scored significantly higher than the women in the transitional housing sub-sample, indicating an increased risk to their children. A confounding variable would be that Post-Traumatic Stress was not assessed for in either sample, but could potentially have accounted for clinically elevated anxiety and anger scores with which these women presented. However, given the relatively robust nature of the study, this does not shift the finding that mood, attachment style, and stage of transition are all factors in women’s potential to abuse their children. The mood and attachment style findings are consistent with the hypothesised emotion regulation difficulties and interruption in relational capacity by the C-PTSD hypothesis.

As both of these populations have left the DV relationship this provides some evidence that women’s abuse of their children does not solely occur as a response to male violence, which does not fit well with the ‘sequential perpetrator’ hypothesis, unless it assumes that the ramifications of experiencing DV extend beyond the temporal confines of the relationship. This does not seem unreasonable, but it could be argued then that the mechanism by which this occurs is the women’s experience of psychological trauma. However, women’s potential to abuse their children after having left the relationship would still be consistent with both other hypotheses: Peled’s (2011) ‘situational stress factors’ model, which would suggest that the mother’s violence could be motivated by the stressors she is experiencing, and the C-PTSD hypothesis described above.

The 'sequential perpetrator' hypothesis is further undermined by the findings of Fujiwara, Okuyama and Izumi (2012), who used a questionnaire design with a population of 304 Japanese women living in refuge accommodation to examine whether separation from a violent partner would improve parenting, and to establish whether a childhood abuse history would affect the outcome. The self-report measures and participant self-selection were limitations of this study, and the retrospective collection of data may have been affected by recall bias or dissociation. Despite these limitations however, this was a robust study, and it seems reasonable to consider the findings.

They found that psychological abuse perpetrated by all mothers upon their children increased significantly after separation, and no change was seen in the rates of physical abuse perpetrated by all mothers upon their children, although their overall 'poor parenting' score (neglect, no playing, no praise) was significantly lower after leaving the DV relationship than it was prior to leaving the relationship. The authors explain this by suggesting that as the mothers have become more engaged with their children (playing with, praising and not neglecting them) the rates of psychological abuse have increased, possibly as an attempt to manage children's behaviour. They also found that the 'child maltreatment' scores of the mothers who had been abused as children did not reduce after separation from a violent partner, whereas there was a decrease in the child maltreatment scores of the mothers who had not been abused, leading them to conclude that the mother's child maltreatment is not solely in response to the violence perpetrated upon them by their partner, and could be associated with their own trauma histories. This would lend weight to the C-PTSD hypothesis, as would their further conclusion that separation from the violent partner was not sufficient to break the intergenerational cycle of child maltreatment. Neither of these findings could be easily explained by the 'sequential perpetrator' hypothesis, nor the 'situational stressors' hypothesis, as neither could fully account for the person-based differences in these

findings. Interestingly, professional support for mothers was not associated with a reduction in child maltreatment by mothers, and the authors suggest this may be due to a need for mental health intervention amongst these mothers. This would lend tentative support to the 'C-PTSD' hypothesis, and would be inconsistent with the 'situational stressors' hypothesis, which would suggest that as support increases, stress (and the abusive behavior associated with it) would reduce.

Levendosky, Lynch, and Graham-Bermann (2000) attempted to capture the perceived impact of DV on women's parenting by asking women to integrate their experiences of violence and parenting. They adopted a feminist perspective and perceived women as being victims of DV. The research used semi-structured interviews and a thematic analysis. Although this population self-selected it ensured a range of women who had experienced DV, from a variety of ethnicities, participated. However the participants were of low socio-economic status, and heterogeneous in their current relationship status: some were still with the violent partner, and others had left the relationship some time before. A strength of this study was the high number of participants, 95. The data analysis was rigorous. The key themes that emerged were 'negative influences on parenting', 'positive influences on parenting', and 'wish to avoid repetition of violence'. Amongst these there was brief acknowledgement of the women's disclosures of violence towards their children, and of the agency some of the women had in the parenting choices they made.

The research is of interest, but the strict feminist perspective taken by the authors may have influenced their interpretation of the data. Whilst it is of value to look for the strengths of the women parenting the reader was left uncertain about the conclusions drawn from the examples given, as they were not consistent with the quantitative research. They briefly alluded to some of the women's comments about their violence towards their children, but this was contextualised firmly as having been a result of male violence, and was not explored

further. Although the researchers would view this study as supporting the 'sequential perpetrator' hypothesis, the poor quality of the bracketing and the bias in interpretation of the findings undermines the strength of their argument.

Scheffer Lindgren, and Renck (2008) utilised a content analysis design to examine the psychological consequences of DV in 14 women who were previously in DV relationships. There did not appear to be an overall recruitment strategy; participants were recruited through a range of means but all met the selection criteria. A semi-structured interview format was utilised for data collection. Their findings indicated that women still experienced trauma symptoms long after leaving the DV relationship. A couple of women commented on the impact that DV had had on their relationships with their children, stating that the relationships had been damaged by the violence, by living in fear and their guilt about the impact on their children. However, whether the women themselves were abusive towards their children was not discussed. This was a well-designed study with rigorous data analysis, and so it seems reasonable to accept the data presented by the authors. The level of trauma the women presented with could be interpreted as supporting the 'C-PTSD' hypothesis, but may also be PTSD as a result of the DV, so all that can be concluded from this is that the women state that their experience of trauma symptoms continues to impact their parenting and relationship with their children after the DV relationship has ended. The incidence of trauma symptoms within this population would be important to research further, as it provides a potential pathway for clinical intervention.

Buchanan, Power, and Verity (2013) conducted a well-designed study examining the perceived impact of living in a climate of fear on the mother-child attachment relationship, as a result of DV. A relational empowerment framework was utilised to guide the research, situating the knowledge within the women themselves. The data were analysed using thematic analysis. The researchers were careful to design the study in a way that

facilitated trust between the women interviewed, their peers, and the researchers, and was respectful of the women's knowledge. There were 16 participants. The high quality of the research means that it offers a valuable insight into the perspective of women parenting in the context of DV.

They found three themes: 'women's experiences of fear impacting on themselves and their babies', 'fear for the baby', and 'fear of never seeing the baby again'. The findings demonstrated the awareness that these women had of the psychological impact of living with abuse on their children, and of the need to offer comfort to their children once it was safe to do so. Although acts of violence or neglect towards the child were not discussed explicitly the women spoke about the times they had had to prioritise reducing the source of threat rather than responding to the child's distress, and the impact of turning away from their child on the trust in the mother-child relationship. This lends support from women themselves to the 'sequential perpetrator' theory, at least as far as acts of emotional neglect are concerned. This offers a valuable additional perspective on the data about increased likelihood of neglect in mothers experiencing DV presented by Dixon et al., (2007), and the findings of Fujiwara et al. (2012), who reported a decrease in neglect once the mothers had left the DV relationship.

Damant et al. (2010) attempted to explore the perceived relationship between women's victimisation and their violence towards their children. A feminist perspective was adopted, situating the women's violence as having been a response to male violence and intimidation, but acknowledging the power dynamic inherent in the mother-child relationship. The data analysis utilised a French method (referenced as L'Ecuyer, 1990), which was briefly mentioned, although how rigorous this had been was unclear. There were 27 participants. The methodology, research design, and recruitment strategy were appropriate, and a semi-structured interview format was utilised for data collection. The research appears to have been robust. This seems to be the only qualitative account of women's violence towards their



children. They found three themes that emerged: 'exploring the relationship between women's victimisation and women's abuse of their children', 'women's abuse and unequal mother-child relationships', and 'feelings of guilt and blame'. Their findings highlighted the role of women's agency in their decisions to be violent towards their children and the power inherent in the maternal role. However, they also found that much of the women's violence was linked to their own experience of violence at the hands of their partners. The women spoke of their difficulties with emotional regulation as a consequence of the fear and stress under which they lived, 'shouting' at their children in order to stop them from doing something that would make their partner angry, and the role of oppression in their adoption of violent behaviours. These results are consistent with the predictions of both the 'situational stressor' and the 'sequential perpetrator' hypotheses, although the role of psychological trauma is also pertinent.

They further identified mothers' subsequent feelings of guilt and blame, and the ways that this could facilitate or preclude help-seeking engagement with services. The importance of services creating the safety for women to be able to speak about these issues was highlighted.

### **Question Two: Is there an association between being a victim of DV and the experience of relational trauma in childhood?**

**Meta-analysis.** Stith et al. (2000) performed a well-designed meta-analysis exploring factors related to the intergenerational transmission of spouse abuse. Their review addressed a clearly focussed question: to determine whether family of origin violence has a significant effect on victimisation in adult IPV. The authors utilised strict inclusion and exclusion criteria to select studies to address the question effectively, and excluded studies which were not rigorous in their design and methodology. They searched several electronic databases to find

the studies, and included the grey literature, in addition to following up the references and contacting the authors. It is unclear if non-English language studies were searched, or if there was any publication bias in the literature. The authors state that they had to omit some influential studies because of insufficient data. Rigorous coding procedures were followed with two separate coders. It was reasonable to combine the studies, in order to perform the meta-analyses of the data. The results of the included studies were clearly tabulated and discussed thoughtfully. The results were as precise as possible given the limitations of meta-analysis; there was significant within-group variance and the results were dependant on participants' self-report and retrospective measure.

They found a significant positive relationship between growing up in a violent home and becoming involved in DV as an adult. They further found that the gender of the respondent significantly moderated the relationship between growing up in a violent home and later becoming a victim of spouse abuse: women were more likely than men to become victims of DV in adulthood, as were female survivors of child abuse compared to male survivors. However, they highlighted that correlation does not prove causation and the importance of other predictive variables, and characterised this effect as 'weak to moderate'. As this was a robust study it seems reasonable to conclude that their findings represent the concomitant literature accurately. This was a well thought-out meta-analysis that sought to address gaps in the contemporaneous literature, which established a significant positive relationship for women between exposure to violence in childhood and becoming a victim of DV as an adult. This would support the 'C-PTSD' hypothesis that childhood experiences of relational trauma render one vulnerable to victimisation in interpersonal relationships as an adult.

As other good quality studies have been released since this meta-analysis was performed, or were not included in it, further review of this issue is worthwhile, and will be discussed below.

**Further literature.** Further exploration of whether experience of relational trauma in childhood is associated with victimisation as an adult elicited seven additional studies: six surveys and a cohort study. Each study addressed a clearly focussed question, and utilised an appropriate survey design to answer this, describing clearly the inclusion and exclusion criteria and the method used to select participants. Many of the same limitations apply to these studies, so it is helpful to consider these together before describing each study in detail.

As with all surveys, a limitation of the methodology was the heavy reliance on self-reporting; the results are subject to participants' subjective recall of events. In order to avoid selection bias, all of the studies randomly selected participants except Whitfield, Anda, Dube, and Felitti (2003) who invited every individual attending the surgery during the survey time periods to participate. Whether the sample size was based on pre-study calculations of statistical power was specified in only one study, Abramsky et al. (2011), although the large sample sizes utilised mitigate this somewhat. All results were relevant for the population studied. Having provided a general overview of the quality of this survey literature, the individual surveys and their findings will now be considered in turn.

Abramsky et al. (2011) performed a population-based survey across 10 countries to identify factors that are associated with increased or decreased risk of IPV across settings, and differences across sites. They differentiated between partnered/previously-partnered women and women who were single, and asked the partnered women whether specific acts of violence had been perpetrated against them. Women who had experienced DV within the past year were compared to women who had never experienced any form of DV. Women who had

experienced DV but not in the past twelve months, were excluded to avoid diluting the associations. 24,097 women were interviewed in total: a satisfactory response rate of over 90% from each country. They found that childhood sexual abuse, and one's own mother being a victim of DV, amongst other factors, were associated with being a victim of DV in adulthood across all sites. Given the robustness of this study, it seems reasonable to conclude that their finding lends support to the hypothesis that childhood experiences of victimisation and abuse are associated with increased risk of DV victimisation as an adult.

Daigneault, Hébert, and McDuff's (2009) investigation aimed, amongst other things, to assess predictive value of CSA and other risk factors for IPV and assess factors predicting IPV in a subsample of women reporting CSA. They utilised a relevant national stratified sample of 9,170 women using data from the 1999 Canadian General Social Survey. The survey method was appropriate, a telephone-based population survey, with a satisfactory response rate of 81.3%. They found that CSA was a consistent predictor of adult victimisation for both women and men, although the association was stronger for women. The rigorous nature of the survey conducted lends weight to their finding, and additional support for the victimisation hypothesis.

Renner and Slack (2006) assessed the extent to which IPV and maltreatment occurred across the lifespan in a group of vulnerable women. The survey used a range of methods incorporating population survey data from the wider Illinois Families Study, and data from child maltreatment reports. 1,005 women were surveyed with a satisfactory response rate of 72%. They found that all forms of childhood family violence (sexual, physical, and IPV exposure) increased the risk of adult re-victimisation by 200-300%. Despite the limited generalisability of this study, their findings are consistent with the re-victimisation hypothesis.

Bensley, Van Eenwyk, and Wynkoop Simmons (2003) examined the associations between women's experiences of childhood maltreatment and adult IPV using a telephone-based population survey. 3,527 women were interviewed although the response rate of 57% was unsatisfactory. In surveys, even when sampling is random, this is one way in which the sample can become biased. They found that women reporting childhood physical abuse and exposure to parental IPV were at a 400-600% increase in risk of physical IPV as an adult, and all women reporting adverse childhood experiences were at 300-400% increase in risk of partner emotional abuse. In view of the limitations of this study these results should be interpreted with caution, but they do provide tentative further support for the argument that childhood relational trauma renders one vulnerable to further exposure to DV in adulthood.

Whitfield et al. (2003) used a survey design to examine the relationship between exposure to different types of violence in childhood and subsequent risk of IPV victimisation of women in adulthood, as part of the Adverse Childhood Experiences (ACE) study. 4,674 women were surveyed, with a satisfactory response rate of 99%. They found that each of the three types of violent childhood experiences women had experienced doubled their risk of adult IPV re-victimisation, and a significant positive relationship was found between risk of IPV and number of violent childhood experiences. For women who had experienced all three forms of childhood abuse (CSA, physical, and growing up with a mother who was a victim of DV) the risk of victimisation was increased by 350%. This is another robust study which indicates increased support for the re-victimisation hypothesis.

Coid et al. (2001) performed a cross-sectional survey of 1, 207 women attending General Practitioners' (GP) surgeries in London. Five percent of women from each surgery were recruited at 11 of the 13 surgeries, but in two surgeries a religious festival precluded full recruitment, and the response rate of 55% was unsatisfactory, limiting the generalisability of these findings. They found that 'unwanted sexual intercourse' and 'severe beatings by parents

or carers' before 16 years old were associated with being a victim of DV in adulthood. The limitations mean that the results bear interpreting cautiously, but lend further tentative support to the re-victimisation hypothesis.

In summary, all six cross-sectional survey studies converge on the conclusion that experiences of interpersonal abuse and neglect in childhood are strongly predictive of re-victimisation as an adult. Given this level of agreement, this appears to a relatively robust finding. It is important to note however that we cannot draw causal conclusions from such designs.

These results are further supported by the findings of Widom, Czaja, and Dutton (2014), who examined the extent to which childhood experiences of maltreatment increase the risk of adulthood intimate partner violence victimisation. They utilised a cohort prospective longitudinal design. The recruitment was acceptable; they recruited children who had been abused through county court records, and matched controls selected from county birth record information and school records. The data used were of those who were in an intimate partner relationship at the time of the second follow up in middle adulthood. The authors made every attempt to account for confounding variables, including matched controls. Both subjects and interviewers were blind to the purposes of the study. The follow up of the subjects was comprehensive. Their results indicated that females with documented histories of child abuse or neglect subsequently reported significantly higher prevalence of being injured by a partner than the control groups or males with abuse histories. This is a cohort study so there may be generational effects to be wary of when extrapolating to subsequent generations: there has been huge social change in the past thirty years.

### Discussion

The aim of this review was to establish whether complex trauma is substantiated within the DV population, and, if so, whether this could add anything to our understanding of why women who are in DV relationships are at increased risk of abusing their children. This review sought to address this using two questions.

The first question was, ‘What are the factors that contribute to women’s abuse of their children in DV?’

In relation to this, the literature suggests that a number of factors contribute to women’s abuse of their children in DV. Of the three hypotheses examined, all were substantiated to a degree.

Data was found that was consistent with the ‘situational stressor’ hypothesis, although there was not anything that unilaterally supported this. The ‘sequential perpetrator’ hypothesis (Peled, 2011) contends that women’s violence towards their children occurs solely in response to male violence. This did not fit well with the findings of Fujiwara et al. (2012) and Rodriguez (2006), as they demonstrate continued abuse and neglect of children after a move out of the DV relationship. This was subject to the definition of ‘abuse’ used, as Fujiwara et al. (2012) also found a reduction in neglect by mothers, and an explanation for this was offered by the accounts of the women themselves (Buchanan et al., 2013). However, the increase in physical abuse once in refuge could not be explained by this hypothesis, without considering the mediating impact of situational stress and post-traumatic stress symptoms. The trend towards a reduction in abuse potential as women move into transitional housing demonstrated by Rodriguez (2006) could potentially be explained by both the C-PTSD and the situational stressor (Peled, 2011) hypotheses: i.e. that at a time of decreased

stress, increased support and increased safety they are more able to regulate their emotions and at less risk of acting abusively. This is supported by the finding that women in this setting are at greater risk of maltreating their children when experiencing depression or hopelessness. This would be consistent with a difficulty in regulating negative affect. However, the family systems perspective advocated by Dixon et al. (2007) could also explain this: as the woman separates further from the aggression within the family system her own aggression is reduced. All three of these explanations can exist simultaneously, since essentially they all argue that context is important in regulating emotion and externalising behaviours.

The results of the qualitative literature are interesting, providing as they do a medium through which the voices of the women themselves can be heard. Fear reverberates through these accounts, and the women situate some of their behaviour within the context of reducing threat, even at the cost of the attachment relationship with their child. Support is provided for both the sequential perpetrator and the C-PTSD hypothesis, as the women reflect on enduring symptoms of psychological trauma such as dissociation and the impact this continues to have on their parenting and emotional availability for their child once in a place of safety.

In terms of the third 'C-PTSD' hypothesis, whilst there is tentative preliminary support for the suggestion that complex trauma might be a useful construct through which to understand the presentations of some of the women seeking help from DV refuges and social services, it cannot be definitively stated that women who are abusive towards their children within a DV context are behaving in that manner because of innate difficulties with emotion regulation and relational capacity as a result of complex trauma, exacerbated by the environmental and contextual strains, and not merely as a response to the violence experienced.



The second question was, ‘Is there an association between being a victim of DV and the experience of relational trauma in childhood?’

In relation to this, the literature suggests that there is extensive epidemiological survey evidence to support the hypothesis that there is an association between childhood experiences of abuse and adult DV victimisation, and the cohort study and the meta-analysis lend strength to this. Although a number of these studies had limited generalisability due to poor survey response or the populations studied, taken together they offer a diverse range of women from a variety of cultures, education levels, and socio-economic backgrounds, and present a consistent and compelling picture of the association of childhood abuse with adult experiences of DV. These results would be consistent with the predictions of the ‘C-PTSD’ hypothesis, tentatively supporting the suggestion that a number of women who have experienced DV as adults might also meet criteria for developmental C-PTSD.

The aim of this review was to establish whether the construct of C-PTSD could lend anything to our understanding of why women in DV relationships are a higher risk of abusing their children. Considering the results of the second question first, the finding that many of the women in DV relationships might also meet criteria for developmental C-PTSD is consistent with the hypothesis that developmental C-PTSD may be a contributory factor worthy of further research. This lends strength to the results of the first question, which found tentative preliminary support for the hypothesis that C-PTSD may be a factor in women’s abuse of their children, although this could not be definitively stated.

Overall, there is tentative preliminary support for the suggestion that complex trauma might be a useful construct through which to understand the presentations of some of the women seeking help from DV refuges and social services, but further research is needed to substantiate this and tease out potential pathways for intervention.

### **Limitations**

There were a number of limitations. Many of the studies' data originates in the US, which limits its generalisability to the UK. The literature search process for question one was limited by the choice of search terms, and this may have resulted in pertinent articles being missed. However, every effort was made to address this, and the decision to focus on these search terms was taken only after extensive preliminary literature searching and combinations of terms had been attempted.

A potentially wider review on this topic could also have included protective factors for women in their parental relationships, although there was not scope for this within this review. As the literature on wider protective factors, such as resilience, is poorly understood and in its infancy (K. Browne, personal communication, April 3, 2014), it was decided not to review this, although this would be an interesting area for future research.

### **Research implications**

The research about contributory factors to women's violence towards their children is still in its preliminary stages, as the different hypotheses regarding systemic, environmental and contextual, and intrapsychic factors are all supported to a degree. It would be useful to examine the co-occurrence of PTSD and C-PTSD within this population, to establish whether there is an association between these and increased risk of child maltreatment. It would also be of benefit to conduct qualitative research with women at different stages of being in and leaving a DV relationship, and to elicit women's own reflections on their experiences of relational trauma in childhood and as adults, and how they feel that this has shaped their parenting. It would further be of interest to establish the extent to which the women's experiences of trauma might colour their perceptions of their relationships with their children.

One theme that arose throughout the different studies was the impact of context. Further clarification of this would be helpful in assessing risk and designing appropriate interventions at different stages of women's transition out of DV relationships. This would allow social services and refuge staff to shape their interventions accordingly, and perhaps restructure services where unmet need can be identified. Both qualitative and quantitative research would be of benefit here, as the lived expertise of the women in negotiating services and parenting when trying to leave an abusive relationship would be of great value.

With regard to the issue of exposure to childhood trauma rendering one vulnerable to re-victimisation in adulthood; this has been accepted as well-supported. The literature has now moved on to a debate about the potentially diverse outcomes of the different types of child abuse, and identifying mediating factors that act either to reduce or increase risk of re-victimisation of different forms in adulthood. This has potentially important implications both for social and clinical interventions and care pathways. It would be of particular interest for future research to focus on attachment style and early attachment experiences as a mediating factor in all forms of re-victimisation and perpetration.

### **Clinical implications**

There are limited clinical implications of the research as it stands, as the conclusions of the investigation into women's violence are tentative and require much further research. However, the reminder of the prevalence of DV and the risk factors for re-victimisation are important for clinicians to reflect on and ask about in assessments, as is the continued impact on parenting for women who have successfully transitioned out of a DV relationship.

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Section B: Qualitative Paper

An Interpretative Phenomenological Analysis of female domestic abuse sufferers'

experiences of parenting

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For submission to the Journal of Traumatic Stress

**Abstract**

There is a dearth of literature examining mothers' experiences of mothering in the context of domestic violence (DV), and their perception both of the difficulties they face with regard to parenting their children, and how their own relational history influences their parenting. This research utilised Interpretative Phenomenological Analysis to understand the experiences of seven women living in refuge, and their perceptions of how their relationships with their children had been impacted by the domestic violence. Four superordinate themes emerged: the perceived influences of their own childhood experiences on their parenting styles; transition and the importance of regaining agency and a sense of hopefulness in effecting change; relationship to the individual child or children, and emotional regulation and trauma in the mother-child relationship. The findings have clinical implications for therapists and agencies working with mothers transitioning out of DV relationships, and highlight the importance of providing resources as well as respecting and reinforcing women's personal agency. These findings add to the emergent literature on the attachment relationship within the DV context.

**Keywords:** Attachment, Domestic Violence, Mother-Child, Abuse, Refuge.

Maternal experience of male-perpetrated domestic violence (DV) has a negative impact on both the developing attachment relationship between mother and child (Levendosky, Bogat, & Huth-Bocks, 2011), and the future outcomes for the children (Levendosky, Huth-Bocks, Shapiro, & Semel, 2003). The negative sequelae for children of exposure to DV are well-documented (Overlien, 2011). There is an emerging literature suggesting that maternal experience of complex interpersonal trauma can severely impact parenting abilities (Cohen, Hien, & Batchelder, 2008), and that women can be abusive of their children within a DV context (Fujiwara, Okuyama, & Izumi, 2012). Jouriles et al. (2008) reviewed the literature on the co-occurrence of child abuse and DV and concluded that children of families where DV has occurred are at elevated risk of being abused, that the most common pattern of abuse consisted of bidirectional parental violence and one or both abusing the child, and that mothers and fathers were approximately equally responsible for child abuse.

Women's abuse of their children within DV, and indeed their role in the bidirectional violence, remains a controversial topic. The feminist perspective advocates that women's abuse of their children within a DV context exists solely in response to male violence (Levendosky, Lynch, & Graham-Bermann, 2000). Davies and Krane (2006) argue that social services often position the mother as failing to protect, and that mother-blaming is rife in the DV literature. Lapiere (2010) highlights the difficulties innate in mothering in a context of men's violence: both the increased responsibility and loss of control over their mothering disempowers women and perpetuates feelings of guilt and self-blame. Humphreys, Thiara, and Skamballis (2010) have found it helpful to conceptualise DV as an attack on the mother-child relationship, and argue that systemic change within the agencies working with the mother and children needs to occur in order for the mothers to be able to engage with the change process. Peled (2011) reviews the history of the feminist movement in relation to DV,

and concludes that the work done in highlighting the damage caused by DV has been the driving force behind the creation of social change including the provision of refuges and legal protection over the past thirty years. However, this has come at the price of having to position women as ‘victims’ of male violence, and denying their agency.

A number of different theoretical models attempt to conceptualise women’s abuse of their children within DV (Flood, 2006), in the hope of identifying potential interventions that could aid in rebuilding the relationship between mother and child, in improving future outcomes for both, and breaking the intergenerational transmission of the cycle of violence. The emerging field of traumatic stress studies combines both the attachment literature and our increased understanding of the neurological and developmental processes underpinning developmental trauma (Van der Kolk, 2014). Becker-Blease and Freyd, (2005) argue that this offers an additional perspective on the intricate dynamics that characterise family violence. Complex developmental trauma (Herman, 1992) resulting from childhood experiences of abuse or neglect renders the sufferer more vulnerable to re-victimisation in adulthood, and leaves women who have a childhood experience of abuse more vulnerable to DV relationships in adulthood (Stith et al., 2004). People who have experienced trauma and who have been unable to integrate and process these experiences are vulnerable to re-enacting the trauma, often from the position of the perpetrator (Sugarman, 1994).

Levendosky, Bogat and Huth-Bocks (2011) argue that the trauma experienced during the pregnancy (and maternal emotional and physical deprivation in earlier life) lead the mother to respond to the infant in ways that do not aid the formation of a secure attachment, and that both mother and infant present with a disorganised attachment style.

It is suggested then, that whilst the context of male violence and female disempowerment is an important lens through which to understand DV, a valuable and more

nuanced additional perspective might be to explore the relational histories of women experiencing DV and the contribution of complex trauma to their relationships as adults and as mothers, in order to deliver helpful and appropriate interventions that offer women choices in the way they relate to their children.

There is a dearth of literature examining mothers' experiences of mothering in this context, and their perception of the contribution of their relational history to their relationships with their children. There is a danger that services perpetuate the disempowerment of these women by replacing one domineering and controlling relationship (with their ex-partner) with another (services telling them how to parent). It would be useful to increase our understanding of the challenges faced by women mothering in these contexts in order to offer potential pathways for intervention or systemic change. This could be done by eliciting women's perspectives, both on how they experience parenting their children in the context of DV, and their perception of the impact of their own experiences of being parented on their relationship to their child.

### **Aims**

This study utilised a qualitative approach as it was felt that this would best represent the subjective experiences of the participants and allow the meaning they had made of their experiences to be understood. The research questions the study aimed to address were therefore:

1. What are mothers' experiences of parenting in the context of experiencing DV?
2. How do these mothers make sense of the impact of their own relational experiences on their parenting?

The aim of this research was to elicit mothers' experiences of their relationships with their children. It was anticipated that this information, in conjunction with their identification



of the resources they drew on that allowed them to survive and carry on mothering, would be helpful in identifying protective factors and strategies. A third question, examining the impact of the refuge environment and relationships in refuge on mothers' parenting, and on their beliefs about relationships, was originally posited and so was used to develop the interview schedule. However, during data analysis it became clear that there was more material than could arguably be done justice within IPA; that there was enough for two papers. IPA emphasises the importance of producing 'fine grained accounts of patterns of meaning' (Smith et al., 2009, p. 38), and it was decided to honour this process by addressing the first two research questions here and the third in a separate paper. There was a natural division emerging in the analysis between the relational data focussing on the mother-child relationship and the mother's relational history, and the data relevant to the environment and refuge. With hindsight it would have been better to focus on the first two research questions. This will be discussed in the limitations.

## Method

### Design

This study utilised an Interpretative Phenomenological Analysis (IPA) approach to try to understand the participants' subjective experiences of parenting in the context of DV and a refuge environment, and how these have shaped their relationships with their children. IPA is well suited to identify the common experiences of participants, and the meanings they have attached to these, because of its assumption that humans are continually trying to understand and make sense of the world around them (Smith, Flowers, & Larkin, 2009). IPA allows the researcher to interpret and identify the psychological constructs and beliefs that underpin participants' descriptions of their experiences. IPA utilises a semi-structured interview (Smith et al., 2009) in order to help the participant and researcher construct a shared understanding of the participants' account of their experience in relation to the research areas.

IPA was selected ahead of other qualitative methods such as Thematic Analysis (Braun, & Clarke, 2006) because of the attention paid to the ways in which the researcher's own interpretations affect the analysis. IPA acknowledges and effectively utilises the inevitable dynamic impact of the researcher upon the material and the interview process, and of the researcher's own beliefs as they analyse the material. Thus the process of an IPA consists of two stages of interpretation, the 'double hermeneutic' (Smith et al., 2009): the participant's interpretation of their own experience, and the researcher's interpretation of the participant's explanation.

IPA is well suited to understand women's experiences of parenting in the context of domestic abuse as the interpretative process emphasises the context in which the account occurs, and draws on the wider social, theoretical and political framework in order to best understand the participant's experience.

## Participants

IPA focusses on identifying the idiographic factors particular to each participant, and the ways in which these converge and diverge from others in the sample. For this reason, it is important that the sample is both small and reasonably homogenous (Smith et al., 2009). Smith and Osborn (2007) suggest that there is no absolute sample size for an IPA study, rather that it is dependent on idiographic factors and aims to strike a balance between being small enough to capture ‘potentially subtle inflections of meaning’ (p. 626, Collins & Nicolson, 2002) whilst large enough to capture sufficient data. Griffiths, Camic, and Hutton (2009) argue that having six participants is in accordance with IPA sample sizes. In this study, 7 participants were recruited, utilising the following inclusion criteria;

1. Currently living in a DV Refuge having fled a DV relationship
2. Mother to a child who was parented in the context of a DV relationship
3. Fluent in English
4. Do not have a diagnosis of intellectual impairment.

Although the ages of the children varied, all were under 18 and living with the mother at the time the abuse occurred. Capturing the experience of parenting different age groups was inevitable as some of the mothers had children ranging in age from toddler to teenager, with different fathers and prior relationships in which DV had occurred; this reflected the reality of the population. It was concluded that their experiences were homogenous enough to merit inclusion as the challenges faced by the women were similar, despite the level of complexity, thus meeting the requirements of IPA. The demographic and individual participant characteristics are summarised in Table 1. For reasons of anonymity, limited demographic data is presented here. Please see Appendix G for more detailed demographic information.

This appendix will be removed from the thesis prior to final binding to protect participants' confidentiality and anonymity.

Table 1: Participant characteristics: some details have been redacted from the online version in order to ensure participant anonymity

| Participant | Age Bracket | Chose to leave partner? | Children in refuge with her? | No. of children and age range | Length of time in refuge |
|-------------|-------------|-------------------------|------------------------------|-------------------------------|--------------------------|
| 1           | 20-35 years | Yes                     | Yes                          | *                             | *                        |
| 2           | 20-35 years | Yes                     | Yes                          | *                             | *                        |
| 3           | 35+ years   | Yes                     | No                           | *                             | *                        |
| 4           | 20-35 years | Yes                     | Yes                          | *                             | *                        |
| 5           | 20-35 years | No                      | No                           | *                             | *                        |
| 6           | 20-35 years | No                      | Yes                          | *                             | *                        |
| 7           | 35+ years   | Yes                     | Yes                          | *                             | *                        |

## **Recruitment**

The study recruited from two DV refuges. Potential participants were identified by refuge workers, and given the recruitment information (Appendices H and I). The refuge workers identified those who were interested and sought verbal consent for the researcher to invite them for interview. The researcher also attended a house meeting, spoke about the project to residents and answered their questions. Following this, a number of women volunteered to participate. No incentives or inducements were offered.

## **Interview Schedule**

A semi-structured interview schedule was developed (Appendix J). This aimed to elicit a sense of participants' relational experiences across their lifespans and the evolving nature of their relationships with their children, with a view to evoking the subjective meanings the women had made of theoretically relevant aspects of these. The structure of the interview was carefully considered as the researcher was conscious of the high levels of stress that participants were experiencing, and hoped to make the interviews a positive experience. To this end the question that sought to elicit recognition of strengths and resilience was placed last.

A model of parenting identity development (Galinsky, 1987) was consulted, and cross-referenced with literature on DV (Levendosky et al., 2011), attachment (Bowlby, Fry, & Ainsworth, 1953) and complex trauma (Courtois & Ford, 2012), in order to develop questions grounded in the theory. To elicit information relevant to the first research question: "What are mothers' experiences of parenting in the context of experiencing DV?" questions were developed (Table 2) relating to pregnancy and experiences of being pregnant, both because research suggests much DV starts in pregnancy (Burch & Gallup, 2004), and because

mothers' pre-natal representations of their infant have been shown to predict attachment style at one year of age (Fonagy, Steele, & Steele, 1991). Questions relating to the current relationship with the child were also asked, as were questions related to the child's ongoing relationship with the perpetrator (where relevant) as it was hypothesised that this might be an ongoing DV-related stressor for women that impacted their relationships with their children. Galinsky's (1987) model of parenting identity suggests that the third stage of parenting, 'Authority', highlights the need for parents to decide what kind of authority to be, and how to respond when rules are transgressed. Buchanan, Power, and Verity (2013) highlight how difficult it can be for mothers to parent with authority in a climate of fear. It was of theoretical importance to establish the extent to which mothers were able to set limits and manage discipline within the refuge context, and to establish the importance the women themselves placed on this. Questions were asked to elicit women's beliefs about the tasks of parenthood and how they managed conflict within the mother-child dyad. It is well established that complex trauma impacts on capacity to regulate emotion and that one's own and others' emotions can become a trigger for dysregulation (van der Kolk, 2005). It was of theoretical interest to establish how mothers managed their own and their children's distress and anger, and what their experiences had been.

Table 2: Interview Schedule Questions for Research Question 1

---

What are mothers' experiences of parenting in the context of experiencing DV?

---

- Tell me about when you first discovered you were pregnant. What were the circumstances? How did you feel?
  - How would you describe your relationship with your children now?
  - What do you see as being the tasks of parenthood?
  - Tell me what happens when you feel upset or angry.
  - Tell me what happens when your child is upset or angry.
  - If relevant-how do you manage their relationship with the perpetrator? What is their understanding of what has occurred and how have you addressed this with them?
- 

To elicit information relevant to the second research question, "How do these mothers make sense of the impact of their own relational experiences on their parenting?" questions were developed (Table 3) relating to participants' own experiences of being parented, their experiences of relationships in refuge, and in the context of DV. Questions relating to participants' own childhood experiences of relationships were grounded in attachment theory (Crittenden, 1995; 1999). Attachment theory suggests that our earliest relational experiences create an 'internal working model' (Bowlby, 1969) of relationships, which will influence how we relate to and experience ourselves and others. Siegal (2001) suggests that it is our capacity to integrate and reflect on our own experiences with compassion that can enable us to move beyond negative early experiences and attain earned secure attachment, and that this is often best facilitated by healing relational experiences. It was important to elicit how women



reflected on their relational histories, and whether they felt their experiences in refuge may have shifted their perceptions of self and others.

Table 3: Interview Schedule Questions for Research Question 2

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How do these mothers make sense of the impact of their own relational experiences on their parenting?

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- Please tell me about your experience of relationships in which domestic abuse has occurred. You do not have to tell me anything about the abuse you experienced (unless you want to).
  - Did you have any experiences when you were growing up that are similar to your children's?
  - What effect (if any) do you think the relationships (with staff and with other clients) in the refuge have had
    - a. on you
    - b. on your relationship with your children
    - c. on your beliefs about relationships?
- 

As discussed above, a third section of the interview schedule was developed (Table 4), which focussed on eliciting data relevant to the environment and refuge and the resources of participants. As the analysis progressed however, two distinct areas emerged within the data. One aspect included material related to women's experience of refuge from a psychological, relational and resource perspective, and the internal and external resources they identified that had helped them through the process of separation. This will be the subject of a further paper. The second, the subject of this paper, addressed the relational histories of women and

how they experienced parenting within the context of DV. This will be returned to in the limitations.

The questions that aimed to elicit data relevant to the environment and refuge were grounded in the findings of Rodriguez (2006), who found that women in refuge were at increased risk of harming their children compared to women in a transitional housing sample. It was of both theoretical and clinical relevance to establish women's perspectives on the impact of refuge on their parenting. The questions that aimed to elicit women's internal and external resources served the dual purpose of identifying areas that could provide strengths-based pathways for intervention, and offering women an opportunity to reflect on their own strengths.

Table 4: Interview Schedule Questions relating to Resources and Refuge

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Interview Schedule Questions relating to Resources and Refuge

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- What effect (if any) do you think being in the refuge has had on your confidence or capacity to parent?
  - What have you needed help with in your life?
  - Overall recognition of strengths/resources/own resilience
    - a. What are you most proud of in this process?
    - b. What do you feel you have done well?
    - c. What personal qualities have helped you to survive your experiences?
  - Finally, is there anything we haven't covered that you think would be useful to talk about?
- 

Potentially some of these questions, and the segues between them, could be jarring, and so the schedule was held lightly, and revised as interviews progressed (Smith at al.,

2009). Following Smith et al.'s (2009) guidance, care was taken in the interview to adjust the phrasing and sequencing of questions depending on how the researcher felt the participant was responding. At times, this required the use of therapeutic skills to reflect back participants' words and seek clarification in order to elicit deeper meaning. For example, after the question about the tasks of parenthood (to which participants usually reflected on setting limits and boundaries), the researcher would pick up on a point the participant had raised to ask the next question about anger, 'You mentioned some of the challenges of parenting there. I wonder if you could tell me a little bit about how you manage when you become upset or angry?'

Staff at the refuges, who were experts by experience, were consulted on the questions, as were two research supervisors, one of whom specialised in working with this population. Careful attention was paid to the theoretical relevance of questions and their potential emotional impact. Staff feedback was utilised to ensure that the questions were sufficiently meaningful but minimally distressing.

### **Ethical Considerations**

Approval for the study was obtained from a University Research Ethics Committee (Appendices K and L). All research was conducted in accordance with the British Psychological Society (BPS) code of human research ethics (BPS, 2011). Safety was a particular concern during this project, and only women who had separated from the abuser and were supported by the appropriate agencies were invited to participate. The consent of all participants was sought prior to commencing; the interview and right to withdraw explained, and the opportunity offered to debrief afterwards. Throughout the design and implementation process, the foremost concerns were to minimise any potential distress to participants, and to manage any risk, confidentiality and safety issues that might arise. Clear boundaries around

risk and confidentiality were set prior to interview, with particular attention paid to the researcher's responsibility to disclose ongoing risk to the child by either the participant or a third party. It was collaboratively planned with participants how to manage any episodes of distress that might arise. Participants were not asked to disclose or discuss any details of the abuse they experienced. The researcher paid close attention to the participant's affect and level of arousal through the interview, and stopped the interview when participants showed signs of distress. As the project progressed a legitimate ethical dilemma arose, regarding the depth to which participants' statements could be explored, in order to fully ascertain their meaning. These were vulnerable participants who were not contained within a therapeutic frame and who were keen to speak and share their experiences. The researcher often chose not to pursue potentially rich areas of discussion because of the vulnerability of the participants, and used supervision to discuss the issues arising.

### **Interview Procedure**

The researcher detailed the confidentiality and safety agreement and clarified the purpose of the study. The participants' written informed consent was then sought. Data collection took place in the two refuges from which participants were recruited, in order to reduce demands on participants. Refuge workers were accessible for support if necessary. The participant debriefing process consisted of thanking participants, checking how they were and whether they felt that they needed further support. Participants were asked if they would like a summary of the research when completed.

### **Data Analysis**

The data analysis process (Smith, Flowers & Larkin, 2009) consisted of the transcription of each semi-structured interview, being careful to retain extradiscursive

elements, checking the accuracy of the transcripts, and then reading through transcripts to gain a sense of the whole interview. Following the recommendations of Smith et al., (2009), transcripts were read and re-read then the initial coding was performed. This consisted of the line by line 'initial noting' (p. 83) of meaning, utilising descriptive, linguistic and conceptual comments (Appendix M). This was followed by the development of emergent themes, and searching for connections across themes, for each participant. The initial salience of the emergent themes was reflected upon in supervision. After the initial coding there were a number of emergent themes for each participant, and the researcher followed Smith et al.'s (2009) recommended process of beginning to group these, moving back and forth between the newly emerging themes and the text to ensure that each theme accurately captured the participant's meaning, and beginning to establish the relationships between themes. From this, superordinate themes and subthemes were developed for each participant using a process of abstraction and subsumption (Appendix N) (Smith et al., 2009). Patterns across all participants were then identified (Appendix O), and a master table of themes across the whole group was created (Appendix P). Following the iterative approach of IPA, the transcripts were then re-read to ensure the accuracy of the themes.

### **Quality Assurance**

Yardley's (2000) criteria for qualitative research were followed to assure the quality of the analyses performed. To reinforce the validity of the interpretative phenomenological approach the researcher engaged in a continuous reflective process of bracketing her own beliefs and assumptions about parenting in the context of domestic abuse and the theoretical models with which she was familiar, and reflected on the impact these were having on the research process and the accounts given by participants (Appendix Q). The researcher also used supervision to reflect on her own history of relational trauma, and lack of experience of

parenting, and the ways in which these potentially impacted her relationship to the material arising. At each stage of developing the themes, the researcher referred back to the original transcripts in order to ensure that each theme was represented in the original text. The researcher was sensitive to the wider political and systemic context underpinning DV, and its impact on both the participants interviewed and the researcher's own process.

## Results

The analysis resulted in four superordinate themes and fourteen subthemes, tabulated below (Table 5). These will be discussed in turn, with reference to illustrative quotations.

Table 5: Superordinate themes and subthemes

| Superordinate Themes   | Subthemes  |
|--|--|
| Perceived influences of childhood experiences                    | <ul style="list-style-type: none"> <li>• Experiences of abuse, loss and neglect</li> <li>• Link between childhood abuse and adult DV relationships</li> <li>• Choosing to parent in the same way or differently</li> </ul> |
| Transition   | <ul style="list-style-type: none"> <li>• Developing hope and optimism</li> <li>• Developing a sense of agency</li> <li>• Developing a sense of self</li> <li>• Discovering freedom in safety</li> </ul>                    |
| Relationship with the individual child(ren)                      | <ul style="list-style-type: none"> <li>• Children as motivator</li> <li>• Gender</li> <li>• Attunement to child</li> </ul>   |
| Emotional regulation and trauma in the mother-child relationship | <ul style="list-style-type: none"> <li>• Managing conflict</li> <li>• Emotional availability to child</li> <li>• Coping with child's trauma</li> <li>• Perception of child</li> </ul>                                      |

### Perceived influences of childhood experiences

A strong superordinate theme that emerged during the interviews was the perceived influence of the women's own experiences of being parented on their parenting style and choices, and their ongoing relationship with their own parents. This was composed of the following three subthemes.

**Experiences of abuse, loss and neglect:** The theme of unresolved losses, past abuse or neglect occurred in six of the seven interviews, and the women varied in their reflections on this. Six had experiences which would meet objective criteria for what would be termed abuse or neglect in childhood, although they were not always able to acknowledge this or make these links. The women's differing capacity to reflect on their own experience with awareness and compassion seemed to influence the consistency of their accounts. A key part of the experience of abuse seemed to be the feeling of being unseen and unprotected, with participants allowing different levels of emotional connection to the material. Some were able to acknowledge the ongoing impact of childhood abuse and the perceived continued experience of abuse not being acknowledged as an adult. For example:

*I've got issues from when I was younger. My dad, he abused me and my mum she didn't want to talk about it.*

*And I kind of blame her, because I'm like 'well you were the one that made me go and see him'. If you wouldn't have allowed it, it wouldn't have happened. And now, like, you just don't want to talk about it.*

(P1, 621:623)

For some of the women, the role of violence on relationships would be touched on implicitly, but stated in a manner that seemed to dismiss the emotional and psychological impact.



Umm, well my mother used to slap us. But then so did everyone else.

(P7, 1405)

Three of the participants spoke about experiences of being hit or physically punished in childhood as having been effective parenting methods, and used humour or a dismissive manner to describe this.

Say like, when she did give me a smack.. It was only the other day we were speaking and I said, “do you know if you were to do that now, you’d get done for child abuse”! (Laughs). But it worked.

(P3, 657)

This quote and others also suggests a belief about the usefulness of violence in ensuring compliance in relationships, suggestive of a level of cognitive dissonance when contrasted with her earlier statement as she reflected on her challenging and risk-taking behaviour as a teenager:

So, any attention that I got – *whether it was negative or positive, I didn’t care! As long as I got it.*

(P3, 599)

In some participants’ accounts, there was a subtle suggestion of an unresolved and unacknowledged conflict with regard to the participant’s own experiences of violence, on the one hand a stated belief in the effectiveness of violence as a parenting tool, and on the other the statement of unmet emotional need and a child behaving in harmful or dangerous ways in order to evoke any response, whether positive or negative.

Again there was a contrast between those who appeared to recognise and acknowledge the impact that their experiences had had on them in a reflective manner, and

those who still appeared to become overwhelmed with negative affect and the pain of these early losses:

*I do respect my dad because he worked really hard for what he's got and we never went wanting for anything. We always went on holidays and stuff but it's not really that that I wanted. I just wanted a cuddle (begins crying). I still would like a cuddle from him now.*

(P5, 285)

Others were more able to hold the sadness or anger in that they spoke with emotion but were able to do this without becoming overwhelmed by the distress they felt about their childhood experiences.

**Link between childhood abuse and adult DV relationships:** As with the capacity to reflect on their own emotional experiences as children, participants' capacity to reflect on any links between their childhood experiences and adult experiences of DV varied, with some participants making explicit links.

*Because my dad, when I was younger, he used to say a lot of...name-calling to me, so rather than that if my partner just hit me, it would just let it stop. Because it used to take me back, I used to feel like a kid.*

(P5, 209)

Others appeared to regard these experiences as unconnected or unworthy of comment.

**Choosing to parent in the same way or differently:** There was a contrast between those who wished to parent in the same way as they had been parented and those who wished to do things differently. For example:

*My mum was quite strict, you know, she didn't tolerate any crap. Happy. Umm...looking back now I'm glad that she was the way that she was because I've used some of her skills: the way that I deal with my children.*

(P3, 635)

*I've always said from a young age, that I'd never treat my kids the way my mum treated me, I'd always be there for them.*

(P1, 675)

For the mothers who wished to do things differently, there was a strong sense of wanting to give their child the things they had lacked growing up. For these mothers, there was a contrast between those who could identify specific lacks or gaps that they wanted to target, for instance,

*When I was G's age, my daddy loved me but he didn't play with me, he didn't have time for me...*

I try to change. I need to hug her more. If she wants to speak with me, at the moment I need to find that five minutes and speak with her at that moment.

(P3, 877-1092)

versus those who had a more general sense that they wanted to do things differently but struggled to implement this:

*I've always wanted loads of kids. Like, ever since I was little I've always said that I want a massive family and that I just want us all to be there for each other, because my brothers weren't there for me either so I've just always wanted that tight family unit but I feel like it's falling apart a bit already.*

(P5, 365)

Some were more able to think about the barriers to implementing change than others, and to speak about how they had tried to overcome these:

*And I've done it to the best of my ability because, obviously, if you haven't been shown it, it is hard to do it, so you do the best, the best you can.*

(P1, 679)

I do many things to change myself. *It's a very nice book with many exercises*, and I read that book and have started to do the exercises.

(P2, 761-777)

### **Transition**

The second superordinate theme to emerge was the women's clear sense of being in transition, both literally in refuge, and emotionally beginning to transition out of a DV relationship. They spoke about the impact of this on their relationships with their children, and their parenting. There were four subthemes that emerged.

**Developing hope and optimism:** A theme that emerged strongly across all of the participants was their sincere wish for a future in which they were able to live happily with their children.

*I've had my fair share of trials and tribulations. I just want it to be me and the kids now.*

(P6, 118)

Several women commented on the importance of hope as a motivating factor when things had been very difficult:

*It's like me, I always believe in hope and everyone's like, 'it's like you're all about hopes and dreams and what ifs'. I'm like, 'yeah but if you haven't got that what have you got'?*

(P1, 519)

How concretely their hopes were expressed varied according to how long they had been in refuge, with women who were further on in their journey expressing more concrete goals which suggested a nascent belief in themselves and their ability to effect change.

Yeah, once I move and get all that sorted out *I'm going to go and pursue my dreams to doing, like, fancy cake making...*

*Yeah it would be nice just to like, because she enjoys baking as well and although I won't let her do any of the decorating because I've got to have everything perfect. (Laughs).* So when we do cake baking I will let them have their certain ones, so they can decorate and make a mess and my certain set I can have all perfect.

(P1, 706, 726-730)

Women more recently arrived in refuge expressed more abstract hopes centred on feeling safe and not having to live in fear any more.

**Developing a sense of agency:** The theme of hope was closely connected to the theme of agency. The five women who had taken action to leave their abusive relationships expressed more hope for their futures. They expressed a trust in themselves and their internal resources that allowed them to take risks in the future. This allowed them to think differently about their parenting, and the choices they had.

*I'd reached the end and I knew there was no going back. It's weird because I just had a feeling and I looked at him and I was like, 'you've ruined me. I'm not letting you do that anymore'*

(P3, 1111)

No, you know I can say from now I am not scared to be, that life because I know what is that..  
I go through that life and I am happy that I know.

(P2, 237)

In contrast, the two women who had been required to leave their relationships because of social services input expressed a sense of powerlessness and hopelessness:

*I think that they all think that I don't care because I don't really show them how I feel...well, there's no point. I've tried before but there's no point.. I feel like I have to do as I'm told otherwise they will take my child.*

(P5, 493-557)

**Developing a sense of self:** A third subtheme most of the women reflected on was their changing sense of self. This linked both to the sense of personal agency described above, and to their sense of hope for a different future. The five participants who had chosen to leave the abusive relationships were more able to reflect on themselves with a sense of pride. This allowed them to step into a role of 'mother', which had previously been denied them.

*You've got to play the mum and dad, good and bad. So it's kind of like hard to, to juggle that, but you get there in the end, because you find ways, ways to do it.*

(P1, 414)

**Discovering freedom in safety:** As the women reflected on the changes they had made, and their hope for a different future, a fourth subtheme emerged, discovering freedom, away from the controlling nature of the abuse.

And I am more, I am not that stressed the same way as home, I need all the time to wait and

see if he came home drunk or what happened. All every night I can feel comfortable, I sleep. I know that nobody coming in night. Nobody drunk. I am safe and everything is fine.

(P4, 1185)

This opened up a sense of possibilities, of regaining control and responsibility for their lives, and of changing themselves and their relationships with their children.

Because first I need change myself. And after I think G will be different.

(P3, 757)

The extent to which their lives had been controlled was only just starting to occur to the women, and women earlier in the refuge process found it hard to believe or trust this new reality.

### **Relationship with the individual child(ren)**

The third superordinate theme that emerged concerned the women's perceived relationships with their children, and the ways in which these impacted their parenting. Three broad subthemes emerged regarding the women's emotional relationships with their child(ren).

**Children as motivator:** All of the women described their children as having been a protective factor, and a source of inspiration and strength.

And my children give me that, my children give me everything to be strong mummy and when I see them, I want to do everything to be strong and to be good, to love them.

(P2, 1403)

*If I didn't have the kids I don't think I'd be here. It's the kids that has kept me going. Because if I can't be strong for them I can't be strong for myself, and if I'm strong for them then I can be strong for myself.*

(P1, 1368)

Women also described violence towards their children, or the realisation that their children were being affected, as giving them the strength to leave.

*But I'd always been scared because he always used to say, "if you leave me, I'll find you and I'll kill you and I'll kill C and then I'll take my son". But it wasn't until that night when he strangled C, that I found it in myself to go.*

(P1, 105)

There was a suggestion that their children were more valuable than themselves, and they would act to protect their children when they felt unable to protect themselves, or unworthy of protection.

*Yeah, it's like I felt do what you want to me but don't take it out on, you know... don't do anything to my kids.*

(P1, 101)

By contrast, the two women who had been required to leave their relationships by social services did not feel that their children had been affected by the violence, and described idealised images of how things had been:

They are always really happy! Always really happy!

(P5, 185)



This was suggestive of a level of denial; perhaps the recognition of just how damaging the relationship had likely been for both themselves and their children was too painful to be acknowledged. At other points in the interview, these women expressed confusion about the abuse, or blamed themselves for eliciting it.

It was of interest that many of the women described the DV as starting in pregnancy, yet it was not until the child was physically born and was perceived by them to be at risk that this protectiveness towards the child was activated. For some of the women, it appeared that motherhood did not start until the infant was born; their sense of the child as separate and vulnerable did not begin in pregnancy.

**Gender:** A second subtheme that arose was gender, and tolerating difference within the mother-child relationships. The gender of the child was pertinent for some, who appeared to regard daughters as easier to relate to and parent.

Yeah. But it was totally different because no-one came close to J. Well, yeah. P, I just kind of leave him to his own devices now because he thinks that he's right so, 'go away, have some time'. J and I have never had one bad word, never. She's my princess! .

(P3, 311)

Several women seemed to perceive their daughters as a chance to redo the past.

*One of the reasons also was I thought if I keep telling her when she's young, 'you're going to University' you might stay to do your GCSE's, not like your mother.*

(P7, 1697)

Women who struggled to perceive their child as separate from themselves also described an idealised image of the mother-child relationship. This theme was linked to the third subtheme, of attunement to the needs of the child.

**Attunement to child:** The third subtheme was the marked difference across interviews between the women's capacity to attune to and mentalise their children as opposed to relating to a fantasy or idealised image of them. There were two broad categories here, which related back to the initial theme of being able to reflect with compassion on their own histories of abuse. The women who appeared to have dismissed or denied their own pain either did not speak about their child's emotional world at all, or described the relationship and their parenting style in somewhat idealised terms.

*It's a mummy/daughter relationship and it's just lovely.*

(P3, 767)

These women described more difficulty and conflict in their relationships with their children, and seemed less able to attune to the child's needs or think about their child's emotional experience. They appeared to become dysregulated by their child's distress, responding either with rage or dismissal, or by breaking down sobbing and appearing overwhelmed, which often evoked a caregiving response from the child.

*She's my protector and she has been since she was tiny*

(P6, 570)

They struggled to operationalise the ideal parenting they described:

Well, trying to put the needs of a child first, basically. Emotional: you know, being there for your child, stimulating, encouraging, that kind of stuff.

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*But, yeah, I just sit and cry. Or I tell him, “go to your room, I don’t want to see you”, that kind of stuff.*

(P3, 547; 721)

Others who had been more able to reflect on their own relational history appeared to relate in a more attuned manner, and to try to meet the emotional need behind the behaviour.

*Yeah, I had to sleep on the floor in her bedroom. She wouldn’t sleep, she screamed and screamed till she projectile vomited. Because she was scared that she’d wake up and mummy wouldn’t be there. She knew exactly what ... even though you don’t do it in front of the children they’re not stupid, they know exactly what’s going on.*

(P3, 634)

### **Emotional regulation and trauma in the mother-child relationship**

The fourth superordinate theme that arose concerned the apparent impact of psychological trauma on the women’s capacity to regulate their emotions, the differing levels of awareness the women had of this, and the ways in which it affected their parenting and responsiveness to the child. Four subthemes emerged.

**Managing conflict:** The first subtheme that emerged related to the parenting task of discipline and setting boundaries. All of the women with children in refuge spoke about the difficulties of maintaining a routine and discipline within the refuge environment.

*We tend to argue and scream and shout a lot. And then like being in refuge it doesn’t help cause then other residents hear you shouting and they start getting involved. With C it, I find*

*it, if you can't talk to her you just leave her for a bit and let her calm down but they're all sort of like shouting at her telling her that oh she can't talk to her mum like that.*

(P1, 185)

The women varied in their capacity to respond to the children in the moment, but several described eloquently their attempts to begin to reconnect with their children and manage boundaries differently going forward.

*I took G and I took a piece of paper and I said, "now we sit down. You write everything that you don't like in me, I write everything that I don't like in you, what you're doing and then we will discuss". Me and you. We discuss about that, she said to me, I don't like that and when you do that. I say I don't like it when you do that. We discuss, we just...it was very nice talking with her.*

(P2, 1037)

Again, these were the women who had a sense of agency and hopefulness, and an awareness of the emotional impact of their own experiences of being parented. Others described less attuned ways of instilling boundaries, learned from their own childhoods:

*I was always told when they start having tantrums walk away from them. And I did. One was in a shopping centre. And I...that was the first one and I took a few steps and just kept walking. She was about 18 months old. She came after me, crying, "mummy, mummy". (Laughs). "Don't run off on me, don't run off on me".*

Then I did it again at home. I never had tantrums after that from her.

(P7, 633)

**Emotional availability to child:** A second subtheme that emerged across the interviews was the women's reduced capacity to be emotionally available to their children. Many of the women described operating in a dissociated state, numbing out their feelings in order to survive and continue functioning. As is highlighted in the quote below, it often appeared that older children would step into a care-giving or advisory role when the mothers were overwhelmed or unable to cope, but none of the mothers who described this dynamic commented on it or appeared aware of the impact of this for their child.

*Cooking, cleaning, making sure everything was fine but mentally I wasn't there. Emotionally I wasn't there. I was always, constantly on edge from my partner. And my daughter used to say, "oh mum just leave him" because he went to prison last year for doing what he did to me. I was hiding bruises, you know, that kind of stuff and emotionally I was so worried I don't think...even though obviously we did homework, I did parents' evening, my feelings weren't the same. Not, how can I put it, not that I didn't love them but just my head was so...in a different place. Whereas now they've got all of me, before they only had a quarter.*

(P3, 203)

**Coping with child's trauma:** Much of the children's behaviour described by the women seemed consistent with that of a traumatised child: they described children's behaviour strongly suggestive of high arousal, hypervigilance, and separation anxiety. Thinking about the trauma their children had experienced was challenging for the women and some were unable to answer questions about this. Others were more able to tolerate the guilt that they felt and wanted to work to regain their children's trust.

She blames a lot for what happened on me, which is understandable because she was like four when I first got with him and like she's been brought up with all that and she probably

*got it into her head that I wasn't there to protect her, but at the time I was unaware of what was going on.*

(P1, 157)

**Perception of child:** A fourth subtheme that arose related to the women's psychological trauma, and the apparent impact of this on their perception of their child.

*She'd be laying in her cot her eyes wide open and you look at her and you think oh my God it's the devil.*

(P6, 706)

Confusion of the child with the perpetrator was described, and a concomitant sense of fear or terror that the women acknowledged impacted their capacity to respond to the child appropriately in those moments.

He only started talking properly about three months after I went into refuge and he was just over 2 ½. *But he can be aggressive and it's quite scary because he'd remind me of his dad, it's just simple looks... Because obviously I don't want him to be nothing like his dad. But it's just in certain looks he does and when he does it I have to kind of look away, and re-focus and think that's N.*

(P1, 316)

### Discussion

The aim of the research was to elicit mothers' perceptions of their experiences of relational trauma and abuse on their parenting, and the challenges they faced in parenting within a DV context. The results suggest that regaining a sense of agency and control was critical in helping the women to reflect on their parenting and operationalise changes they wished to make, but that continued pervasive psychological distress related to traumatic experiences impacted their abilities to reflect on their parenting and attune to their children's needs. The results will now be considered with reference to the research questions and the literature, and the theoretical, clinical and research implications discussed.

The findings captured by the theme 'Perceived influences of childhood experiences' address the research question regarding how women make sense of their own experiences of childhood and the perceived influence of this on their parenting. This is the first time that this question has been addressed using a rigorous qualitative methodology, and the results are in line with the predictions of the attachment and trauma literature (Siegel, 2013), that suggests that unintegrated and unprocessed traumatic experiences continue to be enacted relationally. The difference in consistency of the accounts of the women who were able to reflect with compassion on their own experiences in childhood and those who utilised a more avoidant or dismissive style, or became overwhelmed, is suggestive of unresolved trauma and dissociated affect. Of particular theoretical interest is the parallels the women draw between their own experiences of being parented and the parenting choices they were making even within a DV context: this is suggestive of a sense of perceived agency and choice in the ways they relate (sometimes abusively) to their children, that the women themselves are not locating solely in the context of the violence of their partners. This stands in contrast to the arguments presented by Levendosky, Lynch, and Graham-Bermann (2000).

Further qualitative research could investigate what internal and external resources have enabled the women who have been able to reflect on themselves and integrate their childhoods to do so, in order to target interventions more appropriately and develop a framework of risk and competencies.

The theme of 'Transition' further added to the question of how women perceive their own childhood experience, as they were able to step back and reflect upon the changes that they were making. The women who had been more able to make sense of their own history had more sense of agency and felt that they had more choice in how they wanted to parent their children, and more hope that they would be able to do so. 'Transition' also addressed the research question about mothers' experiences of parenting in the context of DV, as the women reflected on the role of fear and control in their relationships (building on and supporting the work of Lapierre (2010)), and how it felt to leave these and be able to parent in a way that felt more natural. The importance of their own agency in leaving the relationship was crucial in this, and adds to the existing literature. It would be of interest to explore this further as there was a tentative sense emerging that women who had been able to make the choice to leave their relationships had more sense of hope and more specifically operationalised ideas about how they want to parent their children going forward.

The research question about mothers' experiences of parenting in the context of DV was also addressed by the themes 'Relationship with Individual Child(ren)', and 'Emotional Regulation and Trauma in the Mother-Child Relationship' as they reflected on the impact of the DV on their relationships with their children. The strong message that emerged regarding the children as a protective factor is not one that has emerged in the literature to date, and merits further research in future, to unpick how and when a child becomes a protective factor that motivates someone to leave a DV relationship, and what is different in the times when this is not the case. It may be that this links back to the 'sense of self' and being able to



differentiate the self from the child; it would be of interest to establish whether mothers who have more sense of their children as separate would be more able to protect them.

The impact of trauma symptoms on the mothers' capacity to relate to, regulate and discipline their children supports the existing literature on parenting during and after trauma (Siegel, 2013), but is rarely mentioned in the DV literature, and provides an important bridge between the two fields. Much of the DV literature regarding mothers focusses on the 'failure to protect' (Lapierre, 2010). The severe and disabling impact of the trauma and dissociation they are living with, and the concomitant 'freeze' state that inhibits change (Van der Hart, Nijenhuis, & Steele, 2005) is not discussed, and interventions do not focus on addressing this in order to help women to regain a sense of agency.

Although all of the participants interviewed were traumatised, one theme that arose consistently through the results was the difference in emotional regulation capacity and reflective capacity between those women who had been able to integrate their own childhoods and those who were not yet able to do so, and the concomitant impact on their parenting. The literature on attachment demonstrates clearly that a 'frightened or frightening' mother can contribute to disorganised attachment in their children (Schuengel, Bakermans-Kranenburg, & Van Ijzendoorn, 1999), which is associated with a range of poor outcomes (van der Kolk, 2005). There is a clear need for therapeutic intervention amongst this population, and, whilst resources are at a premium, there is a case for offering psychoeducational groups on the symptoms and impact of trauma, grounding skills and emotional regulation. Staff training would be of benefit, and ongoing consultation with a Clinical Psychologist to contain the traumatic dynamics arising in the refuge. There is a clear need for a contained, reflective space for these women to begin to process and make sense of what has occurred, and the relative stability of the refuge environment offers some safety and containment through a difficult and demanding process of separation, legal disputes and

custody battles. The creation of a facilitated reflective space might be of great therapeutic impact, and offer the women a sense of being thought about which may in turn improve their capacity to think about their children.

Another issue arising was that the women who wished to parent differently felt that they lacked the skills, and wished to access parenting courses. There are a number of useful approaches that have been developed in the US to work with mothers and children in refuge to construct a shared narrative of the trauma (Lieberman, Van Horn, & Ippen, 2005; Booth & Jernberg, 2009). It would be clinically useful to pilot these with a UK population, with a view to developing evidence-based treatments and improved care pathways.

### **Critical reflection**

This study had a number of strengths and limitations. The strengths were the design and planning, and the steps taken to consult with experts by experience. There were a number of limitations. One limitation of this study was that the interviews were conducted only once, and with the need for containment and safety it was not always ethical to follow up questions and elicit deeper meaning because of the risk of distressing the participant; this might limit to some extent the analysis.

A second limitation was the number of areas covered in the interview schedule. Whilst there were benefits to this, as useful data was elicited, arguably more data was elicited than could be honoured within the IPA process. This has been an area of learning for the researcher. The difficult decision was made to focus on the questions pertaining to the mother-child relationship and the stressors upon that, and the impact of mothers' own relational experiences, as it was felt that this was of most theoretical value. However, the third question, examining the refuge environment and impact of relationships within it both

on women's ability to parent and their beliefs about relationships, is of value clinically, as are the internal and external strengths and resources women identified. The data will be re-analysed in relation to this research question in future papers.

Finally, it is acknowledged that this was a small sample of women in refuge, and the results may be limited in their generalisability.

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Section C:

Appendices of supporting material

**Appendix A: Table One: Question One: CASP Evaluation of Literature Reviews**

| <b>CASP Screening Questions/Paper being evaluated</b>  | <b>Peled (2011)</b>   | <b>Jouriles, McDonald, Slep, Heyman &amp; Garrido (2008)</b>   |
|--|---|--|
| <b>Did the review address a clearly focussed question?<br/>-population<br/>-intervention<br/>-outcomes considered</b>              | Yes; the author aims to consider the literature on ‘abused women who abuse their children’.   | Yes: the authors identified four questions: (a) how common is child abuse amongst DV families, (b) are there specific patterns, (c) what may explain occurrences and (d) how might DV affect child abuse treatment?<br>They limit the definition of ‘child abuse’ to physical abuse.   |
| <b>Did the authors look for the right type of papers?<br/>-address the review’s question<br/>-have an appropriate study design</b> | To some extent. The author selected papers that addressed the review’s question. However, no critique of the studies selected was offered, nor was their study design discussed. However, a significant number of studies were included, including several systematic literature reviews and meta-analyses. | They clearly defined the terms and inclusion criteria used in terms of population, definitions of abuse etc., but did not appear to have any inclusion criteria for the type or quality of studies included.   |
| <b>Do you think the important, relevant studies were included?<br/>• Which bibliographic databases were</b>                        | This paper demonstrated no search strategy, nor did it describe how papers were selected for inclusion. There was no evidence of a systematic literature search being attempted. It is therefore impossible to say whether the important and relevant studies were included.                                | Following on from a 1998 review paper, the authors searched several databases between 1998 to their date of literature searching, and followed up reference lists to identify additional articles. They also conducted a review of the literature pertaining to child witnesses of domestic violence in case it elicited anything of relevance, although the scope and strategies used for this are not described. |

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used

- Follow up from reference lists
- Personal contact with experts
- Search for unpublished as well as published studies
- Search for non-English language studies

**Did the review's authors do enough to assess the quality of the included studies?**

**If the results of the review have been combined, was it reasonable to do so?**

**What are the overall results of the review?**

No, no attempt was made to assess the quality of the included studies.

Not applicable: no statistical analyses were performed. However, the study results and their implications were discussed.

The author argues that further research is needed into maternal violence towards children in the context of DV, and suggests an alternative feminist scholarship is required.

There was no attempt to contact authors or search the grey literature. The authors did not state whether or not they had searched for non-English language articles. The authors state that they were 'not aware' of other studies examining co-occurrence of abuse than the two reviewed, but missed the work of Dixon and Browne (2003) and the research published following this.

No, no attempt was made to assess the quality of the included studies.

Not applicable: no statistical analyses were performed. However, the study results and their implications were discussed.

The authors concluded that children in DV homes are at elevated risk of physical abuse compared with children from non-DV homes, and that the most prevalent pattern of abuse involves both parents abusing each other and one or both also abusing the child. They found that rates of child abuse were approximately equal for mothers and fathers.

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| <b>How precise are the results?</b>                        | Not applicable: no statistical analyses were performed.  | Not applicable: no statistical analyses were performed.   |
| <b>Can the results be applied to the local population?</b> | It is hard to say as the details of the studies, including participants, have not been given. It is therefore unclear whether all of the papers reviewed have drawn upon similar or different populations, and not possible to generalise.   | Yes: the careful selection of papers relevant to population inclusion criteria and the thoughtful discussion of the difference between ‘help-seeking’ families that utilise refuge versus ‘community-based’ samples allow these findings to be generalised to these populations. They found that racial/ethnic diversity and income level did not account for a large portion of variability between studies. |
| <b>Were all important outcomes considered?</b>             | Yes: in the sense that the paper is highlighting the risk women may pose to their children and arguing that further research needs to be done in the area. The author suggests that there has been an avoidance of this ‘uncomfortable truth’, that it is an ‘almost taboo topic’. | Yes.  |

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Appendix B: Table Two: Question One: CEBMa Evaluation of Surveys/Cross-Sectional Designs

| <b>CASP Screening Questions/Paper being evaluated</b>   | <b>Rodriguez (2006)</b>   | <b>Dixon, Hamilton-Giachritsis, Browne &amp; Ostapuik (2007)</b>  | <b>Fujiwara, Okuyama and Izumi (2012)</b>   |
|---|---|---|---|
| <b>Did the study address a clearly focussed issue/question?</b>                               | Yes: they aimed to clarify factors which might increase risk of child abuse potential amongst DV victims. | Yes: this study investigated the characteristics associated with child maltreatment both within the context of DV and where no DV existed. This critique focusses on the MV category: mothers who perpetuated child maltreatment and were DV victims. | Yes: to examine whether separation from a violent partner improves maternal parenting, and whether experience of child abuse and DV contribute to child maltreatment. |
| <b>Is the research method (study design) appropriate for answering the research question?</b> | Yes.  | Yes: a cross-sectional design.  | Yes: a cross-sectional design.  |
| <b>Is the method of selection of the subjects clearly described?</b>                          | Yes.  | Yes: subjects were selected through the Child Protection process. 162 families were selected.   | Yes.  |
| <b>Could the way the sample was obtained introduce (selection) bias?</b>                      | Participants self-selected, but 'virtually all' eligible women elected to participate in the study.       | No.   | Participants self-selected, so yes.   |
| <b>Was the sample of subjects representative</b>  | Participants were largely of Caucasian  | It is a very specific sample of families who were involved in the child   | The population was self-selected from a Japanese domestic   |

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| <b>with regard to the population to which the findings will be referred?</b>       | ethnicity, and low socio-economic status, with one child. It was representative of the refuges and transitional housing units from which the sample was drawn, but may not be more widely generalisable. | protection process, and so would not be generalisable outside this population   | violence refuge, and so would not be generalisable outside this population.   |
| <b>Was the sample size based on pre-study considerations of statistical power?</b> | This was not specified in the article.   | This was not specified in the article.  | This was not specified in the article.  |
| <b>Was a satisfactory response rate achieved?</b>                                  | Yes.   | Not applicable: data was taken from evidence-based psychological reports.   | Yes: 80.1%.   |
| <b>Are the measurements (questionnaires) likely to be valid and reliable?</b>      | Yes, the measures used were leading instruments with good internal consistency.  | A content analysis coding system using a standardised proforma was utilised to gather the data. Inter-rater and intra-rater reliability were both measured, with a 100% agreement for both reached. | The questions used were taken from reliable and valid questionnaires, but the authors acknowledge that expediency drove this decision and the measures may not have been valid. |
| <b>Was the statistical significance assessed?</b>                                  | Yes.   | Standardised questionnaires were also used, although the internal consistency and validity of these was not reported.   | Yes.  |
| <b>Are confidence intervals given for the main results?</b>                        | No.  | Yes.  | No.   |

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| <b>Could there be confounding factors that haven't been accounted for?</b> | Post-Traumatic Stress was not assessed for in either sample, but could potentially have accounted for clinically elevated anxiety and anger scores with which these women presented. | No.   | No.   |
| <b>Can the results be applied to your organization?</b>                    | Yes, these results are relevant for the population studied.  | It would have been of interest to have assessed parental PTSD and attachment style, as these are potential confounding variables. | Yes, these results are relevant for the population studied. |

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Appendix C: Table Three: Question One: CASP Evaluation of Qualitative Research

| CASP Screening Questions/Paper being evaluated                  | Levendosky, Lynch & Graham-Bermann (2000)   | Scheffer Lindgren & Renck (2008)   | Damant, Lapierre, Lebossé, Thibault, Lessard, Hamelin-Brabant, Lavergne, & Fortin (2010)  | Buchanan, Power & Verity (2013)   |
|---|---|--|---|---|
| <b>Was there a clear statement of the aims of the research?</b> | Yes, this study attempts to capture the impact of DV on women’s parenting by asking women to integrate their experiences of violence and parenting. They adopted a feminist perspective and perceived women as being victims of DV. | This study attempted to examine the psychological consequences of DV in women who were previously in DV relationships. | This study attempted to explore the relationship between women’s victimisation and their violence towards their children, and to highlight the agency mothers had in making these decisions. A feminist perspective was adopted, situating the women’s violence as having been a response to male violence and intimidation, but acknowledging the power dynamic inherent in the mother-child relationship. | This thoughtful and well-designed study attempted to examine the impact of living in a climate of fear on the mother-child relationship, as a result of DV. |
| <b>Is a qualitative methodology appropriate?</b>                | Yes, in order to understand women’s own perspectives.   | They utilised a mixed method design, using both qualitative and quantitative measures.                                 | The methodology was appropriate.  | The methodology was appropriate.  |
| <b>Was the</b>  | Yes, the research design was  | The research design was  | The research design was   | The research design was   |

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| <b>research design appropriate to address the aims of the research?</b>      | appropriate.   | appropriate.   | appropriate.  | interesting and effective: a relational empowerment framework was utilised to guide the research, situating the knowledge within the women themselves.                                |
| <b>Was the recruitment strategy appropriate to the aims of the research?</b> | Yes, participants were recruited from advertisements in food stamp offices and domestic violence refuges, as well as area stores in suburban and rural Michigan, in addition to referrals from refuges. Although this population self-selected it ensured a range of women who had experienced DV, from a variety of ethnicities. However the participants were of low socio-economic status. A range of measures ensured that women had experienced DV. | There did not appear to be an overall recruitment strategy; participants were recruited through a range of means but all met the selection criteria. | The recruitment strategy was appropriate.                                 | Yes the recruitment strategy was appropriate, although the authors later reflected that the exclusion of mothers with children over the age of ten was ‘arbitrary’ and ‘unwarranted’. |
| <b>Were the data collected in a way that addressed the research issue?</b>   | Yes, a semi-structured interview format was utilised for data collection.  | Yes, a semi-structured interview format was utilised for data collection.  | Yes, a semi-structured interview format was utilised for data collection. | The data collection was multi-layered, utilising art work and focus group discussion, in addition to semi-structured interviews.  |

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| <b>Has the relationship between researcher and participants been adequately considered?</b> | There was no discussion of the relationship between the researcher and the participants. Semi-structured interviews were conducted by a number of psychology students, and there was no discussion about the relationship or impact of the researcher on this process, nor any attempt to bracket researchers' prior beliefs and assumptions. | There was no discussion of the relationship between the researcher and the participants. | There was no discussion of the relationship between the researcher and the participants.  | The researchers were careful to design the study in a way that facilitated trust between the women interviewed, their peers, and the researchers, and was respectful of the women's knowledge. |
| <b>Have ethical issues been taken in to consideration?</b>                                  | There was no discussion of the ethical issues arising from recruiting women who may not be in touch with services and discussing the violence that their children had been or continued to be exposed to, although informed consent was sought before participation.  | There was a thoughtful discussion of the ethical issues and how these had been managed.  | Although there was no explicit discussion of ethical issues arising the women were recruited from agencies that would have had responsibility for the management of risk. | The ethical issues arising were discussed thoughtfully.  |
| <b>Was the data analysis sufficiently rigorous?</b>   | The data analysis was rigorous, with four trained coders achieving 90% interrater reliability using Pearson's correlation coefficient for the first third of the data, and a thoughtful   | The data was analysed using content analysis, which appeared well conducted.             | The data analysis utilised a French method, which was briefly mentioned.  | The data was analysed using thematic analysis, and subthemes were sent to participants for comment and validation.   |

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|  | process of re-reading and re-categorising data multiple times.  |  |  |  |
| <b>Is there a clear statement of findings?</b> | Yes, their findings were clearly discussed.   | Yes, their findings were clearly discussed.  | Yes, their findings were clearly discussed.  | The findings were clearly and thoughtfully discussed, and considered the women's comments through the medium of attachment theory. |
| <b>How valuable is the research?</b>           | The research is of interest, but the strict feminist perspective taken by the authors may have influenced their interpretation of the data. | The research is of value as a pilot study highlighting the need for larger-scale research in this field. | The research is valuable, as it appears to be the only qualitative account of women's violence towards their children published. | This research offers a valuable perspective on the perspective of women parenting in the context of DV.                            |

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**Appendix D: Table Four: Question Two: CASP Evaluation of Meta-analysis**

| CASP Screening Questions/Paper being evaluated  | Stith, Rosen, Middleton, Busch, Lundeburg & Carlton (2000)   |
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| <p><b>Did the review address a clearly focussed question?</b></p> <ul style="list-style-type: none"> <li>-population</li> <li>-intervention</li> <li>-outcomes considered</li> </ul>  | <p>Yes: to clarify the contradictory nature of the literature prior to meta-analysis. To determine if family of origin violence has a significant effect on victimisation in adult IPV. Clear outcomes considered.</p>   |
| <p><b>Did the authors look for the right type of papers?</b></p> <ul style="list-style-type: none"> <li>-address the review's question</li> <li>-have an appropriate study design</li> </ul>  | <p>Yes: strict criteria for study inclusion and exclusion, and studies were excluded for poor design, lack of control group etc.</p>   |
| <p><b>Do you think the important, relevant studies were included?</b></p> <ul style="list-style-type: none"> <li>• Which bibliographic databases were used</li> <li>• Follow up from reference lists</li> <li>• Personal contact with experts</li> <li>• Search for unpublished as well as published studies</li> </ul> | <p>Yes: Several electronic databases used, grey literature included, references searched, and authors contacted. It is unclear if non-English language studies were searched. The authors state that they had to omit some influential studies because of insufficient data.</p> |
| <ul style="list-style-type: none"> <li>• Search for non-English language studies</li> </ul> <p><b>Did the review's authors do enough to assess the quality of the included studies?</b></p>   | <p>Yes: rigorous coding procedures followed with two separate coders. Inclusion and exclusion criteria were rigorously utilised to ensure high quality statistical studies were selected.</p>  |

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| <b>If the results of the review have been combined, was it reasonable to do so?</b> | Yes, it was reasonable to combine the studies, in order to perform the meta-analyses of the data. The results of the included studies were clearly tabulated. The results were discussed thoughtfully.   |
| <b>What are the overall results of the review?</b>                                  | The gender of the respondent had a significant impact on the relationship between growing up in a violent home and later becoming a victim of spouse abuse: women were more likely than men to become victims of IPV in adulthood, as were female survivors of child abuse compared to male survivors. |
| <b>How precise are the results?</b>   | A total of 40 effect sizes were calculated, and weak to moderate effect sizes weighted accordingly. The results were as precise as possible given the limitations of meta-analysis.  |
| <b>Can the results be applied to the local population?</b>                          | Yes, these results are relevant for the population studied.  |
| <b>Were all important outcomes considered?</b>                                      | Yes, this was a well thought-out meta-analysis that sought to address gaps in the contemporaneous literature.  |
| <b>Are the benefits worth the harms and costs?</b>                                  | Yes.   |

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Appendix E: Table Five: Question Two: CEBMa Evaluation of Surveys

| CASP Screening Questions/Paper being evaluated  | Abramsky, Watts, Garcia-Moreno, Devries, Kiss, Ellsberg, . . .Heise (2011).   | Daigneault, Hébert, & McDuff (2009).  | Renner & Slack (2006).   | Bensley, Van Eenwyk, & Wynkoop Simmons (2003).  | Whitfield, Anda, Dube & Felitti (2003).   | Coid, Petruckevitch, Feder, Chung, Richardson & Moorey (2001).  |
|---|---|---|--|---|---|---|
| <b>Did the study address a clearly focussed issue/question?</b>                               | Yes: to identify factors that clearly increase or decrease risk of IPV across settings, and differences across sites. | Yes: (1) document the prevalence of CSA, IPV etc. across a nationally representative sample, (2) assess predictive value of CSA and other risk factors for IPV and (3) assess factors predicting IPV in a subsample of women reporting CSA. | Yes: to assess the extent to which IPV and maltreatment occurred across the lifespan in a group of vulnerable women. | Yes: to examine the associations between women's experiences of childhood maltreatment and adult IPV. | Yes: to examine the relationship between exposure to different types of violence in childhood and subsequent risk of IPV victimisation of women in adulthood. | Yes: to examine the relationship between childhood trauma and adult re-victimisation, and identify confounding factors. |
| <b>Is the research method (study design) appropriate for answering the research question?</b> | Yes: population-based surveys across 10 countries.  | Yes: telephone-based population survey.   | Yes: a population survey; part of the wider Illinois Families Study, a longitudinal project, and data from child     | Yes: telephone-based population survey.   | Yes: survey design-self-report questionnaire.   | Yes: a cross-sectional survey using self-administered anonymous questionnaires.   |

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|   |   |   | maltreatment reports were incorporated. The survey used a range of methods.                              |   |   |  |
| <b>Is the method of selection of the subjects clearly described?</b>              | Yes: Inclusion and exclusion criteria clearly described.  | Yes: Inclusion and exclusion criteria clearly described.                    | Yes: Inclusion and exclusion criteria clearly described.   | Yes: Inclusion and exclusion criteria clearly described.                          | Yes: Inclusion and exclusion criteria clearly described.  | Yes: Inclusion and exclusion criteria clearly described.   |
| <b>Could the way the sample was obtained introduce (selection) bias?</b>          | No: participants randomly selected- random selection of one woman aged 15-49 from each sampled household. | No: participants randomly selected.   | No: The sample was stratified prior to random selection to preclude a bias towards urban or rural areas. | No: participants randomly selected.   | No: every individual who attended the clinic during the survey time periods was invited to participate. | No: the GPs surgeries from which the recruitment took place were randomly selected, and then consecutive legible women attending the practice at randomised session times were invited to participate. |
| <b>Was the sample of subjects representative with regard to the population to</b> | In 5 countries both rural and urban surveys were conducted. In 5 countries only one                       | Yes: national stratified sample of 9170 women using data from 1999 Canadian | Yes: it is important to hold in mind that the population studied was a sample of                         | Yes: continuous collection of data from Washington State, by the Behavioural Risk | Yes: it is important to hold in mind that the population studied was adult                              | It was a primary care population of women in East Hackney, London, UK. 5% of   |

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| <b>which the findings will be referred?</b>  | site (either rural or urban) was sampled. It is fair to say that it was a reasonably representative sample because of the size.             | General Social Survey.  | families receiving benefits: low income families with minor age children, so this does limit the generalisability of the results.                        | Factor Surveillance System: a representative selection of women from this state was questioned.  | members of the Kaiser Health Plan in San Diego County.   | women from each surgery were recruited at 11 of the 13 surgeries, but in 2 surgeries a religious festival precluded full recruitment. |
| <b>Was the sample size based on pre-study considerations of statistical power?</b> | Yes   | This was not specified in the article.  | This was not specified in the article.   | This was not specified in the article.   | This was not specified in the article.   | This was not specified in the article.  |
| <b>Was a satisfactory response rate achieved?</b>                                  | Yes: 24,097 women interviewed in total: over 90% response rate from each country.   | Yes: 9170 women interviewed in total: a response rate of 81.3%.   | Yes: 1005 women surveyed in total: a response rate of 72%.   | No: 3527 women interviewed in total: an average response rate of 57%.  | Yes: 4674 women surveyed in total: a response rate of 99%.   | No: 1207 women surveyed in total: a response rate of 55%.   |
| <b>Are the measurements (questionnaires) likely to be valid and reliable?</b>      | Yes: standardised questionnaire, standardised interviewer training and data collection procedures, and rigorous quality control procedures. | Yes: a set of questions was developed that drew on the contemporaneous literature and on a standardised questionnaire. Interviewers followed a strict | A standardised method of data collection was not used across all participants. However a set of questions was developed that drew on the contemporaneous | Yes: a set of questions were developed that drew on the contemporaneous literature and on a standardised questionnaire. Interviewers followed a strict | Yes: a set of questions were developed that drew on the findings of Wave 1 and the contemporaneous literature, and on standardised questionnaires. | Yes: a set of questions were developed that drew on the contemporaneous literature and on a standardised questionnaire.               |

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|  |   | set of coding criteria.   | literature and on a standardised questionnaire. The method of evaluating data from the child protections is described.                                  | set of coding criteria.   |  |   |
| <b>Was the statistical significance assessed?</b>                          | Yes: bivariate and multivariate logistic regression.  | Yes: chi-square and hierarchical logistic regression.   | Yes: correlational analyses, logistic regression analyses, and a multinomial analysis.  | Yes: logistic regression analyses.  | Yes: multivariate logistic regression analyses.  | Yes: univariate logistic regression analyses and multiple logistic regression.  |
| <b>Are confidence intervals given for the main results?</b>                | Yes   | Yes   | Yes   | Yes   | Yes  | Yes   |
| <b>Could there be confounding factors that haven't been accounted for?</b> | No: thoughtful and well-designed survey grounded in the literature. Only caveat, as with all surveys, is that the results are subject to participant's subjective recall of events. | No: thoughtful and well-designed survey grounded in the literature. Only caveat, as with all surveys, is that the results are subject to participant's subjective recall of events. | Wave 1 participants were verbally interviewed, whereas Wave 3 participants completed a self-report survey, which could have affected the answers given. | Possibly education level: 66% of respondents had a college education, English-speaking only population. Usual survey caveat that the results are subject to participant's subjective recall | Possibly ethnicity and education level: The women sampled were 73% White, and 8% had not graduated from high school. Usual survey caveat that the results are subject to | No: thoughtful and well-designed survey grounded in the literature. Only caveat, as with all surveys, is that the results are subject to participant's subjective recall of events. |



## Appendix F: Table Six: Question Two: CASP Evaluation of Cohort Study

| CASP Screening Questions/Paper being evaluated   | Widom, Czaja & Dutton (2014)   |
|--|--|
| <b>Did the study address a clearly focussed issue?</b>   | This paper examines the extent to which childhood experiences of maltreatment increase the risk of adulthood intimate partner violence victimisation   |
| <b>Did the authors use an appropriate method to answer their questions?</b>                          | Yes: prospective longitudinal design   |
| <b>Was the cohort recruited in an acceptable way?</b>  | Yes: abused children recruited through county court records, and matched controls selected from county birth record information and school records. The data used were of those who were in an intimate partner relationship at the time of the second follow up.  |
| <b>Was the exposure accurately measured to minimise bias?</b>  | Yes: the use of the court records to establish exposure to abuse or neglect, and the official histories of the control group children were checked to establish any recorded exposure to these variables. Where this was found, a replacement child was substituted.   |
| <b>What confounding factors have the authors accounted for?</b>                                      | Control group was matched for 73% of the children on the basis of age, race, sex and approximate family socio-economic status. Children whose court records indicated that they had been adopted as an infant, that the neglect by their parents was involuntary, where there was a placement only or a failure to pay child support were excluded from the study. It is possible that children in the control group were abused but that this was not known to the authorities. Both subjects and interviewers were blind to the purposes of the study. |
| <b>Have the authors taken account of the potential confounding factors in their design/analysis?</b> | Yes: they include a thoughtful section discussing the limitations of the research and citing caveats.  |
| <b>Was the follow up of subjects complete</b>  | 83% of the original sample (1967-1971) was located at the first follow up (1989-1995), 76% of  |

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|  |   |
|--|---|
| <b>and long enough?</b>                        | whom were interviewed. At the second follow up (2000-2002) 93% of those interviewed during the first follow up were located and 75% (57% of the original sample) were interviewed a second time, over thirty years after the project had begun.   |
| <b>What are the results of this study?</b>     | Females with documented histories of child abuse or neglect reported significantly higher prevalence of being injured by a partner than the control groups or males with abuse histories.   |
| <b>How precise are the results?</b>            | Very precise: thoughtful and detailed analyses performed.   |
| <b>Do you believe the results?</b>             | Yes.  |
| <b>Can the results be more widely applied?</b> | Yes, the broad population sample allows for this, although the researchers emphasise the caveat that the sample population tended towards the lower end of the socio-economic scale, and so the results may reflect other stressors. In addition, it is a cohort study so there may be generational effects to be wary of when extrapolating to subsequent generations: there has been huge social change in the past thirty years. |

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**Appendix G: Participant Characteristics**

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## **Appendix H: Participant Information Sheet**

### **PARTICIPANT INFORMATION SHEET**

**PROJECT TITLE:** An Interpretative Phenomenological Analysis of female domestic abuse sufferers' experiences of parenting.

We would like to invite you to take part in our research study. Before you decide we would like you to understand why the research is being done and what it would involve for you. The researcher will go through the information sheet with you and answer any questions you have. We'd suggest this should take about 10 minutes. Talk to others about the study if you wish.

Ask us if there is anything that is not clear.

#### **Aim of the project:**

Mothers who have experienced violent or abusive intimate relationships often face a number of challenges as parents. Trying to parent a child when things are unsafe or uncertain is difficult, and some women report that this can colour their relationships with their children and how they see them. This study is hoping to speak to mothers who have experienced domestic abuse in order to begin to understand what it is like to try to parent when you have experienced abuse within a close relationship, whether there are similarities or common factors in mothers' experiences and how you have made sense of your experiences. We would also like to hear about your own experiences of being parented and find out what you think has shaped your style as a parent. Finally, it would be valuable to hear about your strengths and qualities, what resources you have drawn upon that have helped you to cope in such difficult circumstances, and what the hostel environment has meant for you.

We are inviting you to participate in an interview with the researcher in which you will be asked to tell her as much of your story as you wish to, about your experiences with parenting in the context of domestic abuse and what this has been like for you.

Why have you been invited?

You have been invited to take part in this study because your worker at the refuge has identified that you may have experience of the issues we have described above, and because you have at least one child between the ages of 5 and 12 years old. We are interviewing mothers whose children are in this age range so that the interviews can take place while the children are at school, as unfortunately we can't provide childcare. Your perspective is valuable in helping services to understand both what this has been like for you, and how to help other mothers and children who have had similar experiences.

What will you have to do?

**Participation is voluntary and you do not have to take part in this study.** It is up to you to decide to join the study. We will describe the study and go through this information sheet. If you agree to take part, we will then ask you to sign a consent form. You are free to withdraw at any time, without giving a reason. This would not affect the standard of care you receive.

If you agree to take part, you will be asked to take part in an recorded interview about your story and experiences as a parent in the context of domestic violence. This will include questions about your experiences of parenting, what feels very difficult or gets in the way, and what bits come naturally or feel enjoyable. It will also ask about how you manage any difficulties arising with your children, the many challenges you are facing, your own experiences of being parented, and how services have helped or could be more helpful. **You will not be asked to disclose details of violence or abuse you or your children have experienced.**



It may be that you feel tired or distressed or the researcher is concerned that you have had enough for one day. If this is the case we can complete the interview over a couple of meetings. You can stop the interview at any time and leave without giving a reason for doing so. Doing so will not affect your stay at the hostel or any treatment you are receiving in any way. We anticipate that the interviews will last for about an hour.

#### What will happen to the information you give?

The answers you give to the interview questions will be recorded on a digital recorder and the recording kept until they have been typed up and anonymised. The interviews will be typed up by a professional typing service that is bound by the same confidentiality agreements as the NHS. The interviews will then be deleted, and the researcher will keep the only written copies.

All data will be anonymised and stored in a locked filing cabinet for ten years after the project ends, then it will be destroyed. Verbatim quotes (anonymised) may be used in the write up of the research project, but all identifying details will be removed.

#### Confidentiality and Risk

**If you disclose something that leads the researcher to believe that either you, your child, or a third party is at risk of harm, the researcher has a duty to pass on this information to the appropriate staff or agencies. In this event the researcher would tell you what steps they need to take, and contact your worker to ensure you are adequately supported with this.**

#### What happens if you become distressed?

Before you begin the interview the researcher will have a conversation with you about you would like her to handle it if you become distressed, and agree a plan in order to ensure that

you are supported. This may involve her contacting your worker to ensure that you have someone to talk to after the interview is over. If you do become distressed we will stop the interview immediately.

Please keep this sheet for your own information and contact the researcher, Fiona MacLeod, [f.m.macleod12@canterbury.ac.uk](mailto:f.m.macleod12@canterbury.ac.uk), if you have any questions after the experiment. You may also contact the researcher's supervisor, Dr. Sarah Helps, Consultant Clinical Psychologist, [SHelps@tavi-port.nhs.uk](mailto:SHelps@tavi-port.nhs.uk), if you have any concerns about this project.

In the event of any complaints or concerns you have about the project or the researcher, please contact Professor Paul Camic, Research Director at the University of Canterbury Christ Church. You may write to him or call him at

Professor Paul Camic, Research Director  
Department of Applied Psychology  
Tel: 03330117114

Email: [paul.camic@canterbury.ac.uk](mailto:paul.camic@canterbury.ac.uk)

Canterbury Christ Church University

Salomons Campus at Tunbridge Wells

Broomhill Road

Southborough

Tunbridge Wells

Kent

TN3 0TG

**Appendix I: Participant Consent Form**

Faculty of Social and Applied Sciences  
Clinical Psychology Doctoral Programme  
Canterbury Christ Church University  
Tunbridge Wells Campus

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**CONSENT FORM**

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Title of Project: An Interpretative Phenomenological Analysis of female domestic abuse sufferers' experiences of parenting.

Name of Researcher: Fiona MacLeod

Please initial all boxes

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
  
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.
  
3. I consent to use of audio -taping, with the use of written verbatim quotations, and that this interview will be transcribed by a professional transcription service. I further consent to these written verbatim quotations being fully anonymised and written up for publication in a peer-reviewed journal.
  
4. I understand that data collected during the study, may be looked at by individuals from Canterbury Christ Church University, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.
  
5. I agree to take part in the above study.

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|                     |      |           |
|---------------------|------|-----------|
| Name of Participant | Date | Signature |
|---------------------|------|-----------|

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|                |      |           |
|----------------|------|-----------|
| Name of Person | Date | Signature |
|----------------|------|-----------|

taking consent.

**Appendix J: Semi Structured Interview Schedule**

Thank you for agreeing to speak to me today. As you are aware, the aim of this interview is to hear from you about how your experiences of domestic abuse have shaped you as a parent and your relationship to your child (ren). I'd like to try to understand what your experience has been as a child, a parent and a woman, of the challenges you have faced and the resources you have drawn on to help you manage these, and to hear your opinion on what might be helpful for women who have had similar experiences to yourself.

- I'd like to begin by asking you to tell me about your children, their names, genders and ages. Can we draw out their relationships to you and each other? (warm up question, but also allows construction of family genogram and information about whether children are in refuge, care, etc.).
- Tell me about when you first discovered you were pregnant. What were the circumstances? How did you feel?
- How would you describe your relationship with your children now?
- Please tell me about your experience of relationships in which domestic abuse has occurred. You do not have to tell me anything about the abuse you experienced (unless you want to).
- Did you have any experiences when you were growing up that are similar to your children's?
- What do you see as being the tasks of parenthood?
- Tell me what happens when you feel upset or angry.
- Tell me what happens when your child is upset or angry.
- If relevant-how do you manage their relationship with the perpetrator? What is their understanding of what has occurred and how have you addressed this with them?

- What effect (if any) do you think being in the refuge has had on your confidence or capacity to parent?
- What effect (if any) do you think the relationships (with staff and with other clients) in the refuge have had
  - a. on you
  - b. on your relationship with your children
  - c. on your beliefs about relationships?
- What have you needed help with in your life?
- Overall recognition of strengths/resources/own resilience
  - a. What are you most proud of in this process?
  - b. What do you feel you have done well?
  - c. What personal qualities have helped you to survive your experiences?

Finally, is there anything we haven't covered that you think would be useful to talk about?

Thank you for all of your help today.

End of interview.

**Appendix K: University Ethics Committee Approval Documents**

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**Appendix L: End of study report for Research Ethics Committee**

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## **Appendix M: Excerpt of Coded Transcript and emergent themes**

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**Appendix N: Examples of Superordinate Theme Development using Abstraction and Subsumption**

**Box 1: Abstraction leading to the development of a superordinate theme**

Transition

Developing hope and optimism

Developing a sense of agency

Developing a sense of self

Discovering freedom in safety

**Box 2: Subsumption leading to the development of a superordinate theme**

Own experience of childhood/being parented

Experiences of abuse, loss and neglect

Link between childhood abuse and adult DV relationships

Choosing to parent in the same way or differently

## Appendix O: Table documenting the theme development process across participants

| <b>Superordinate theme</b>                           | <b>Subtheme</b>   | <b>Emergent themes related to subtheme</b>   | <b>Participants with Emergent theme</b> | <b>Total number of references to Emergent theme</b> |
|--|---|--|---|---|
| <b>Perceived influences of childhood experiences</b> | Experiences of abuse, loss and neglect                  | Childhood experience of loss/abandonment/abuse vs relatively positive childhood experience | 1, 2, 3, 5, 6, 7 vs. 4                  | 6 vs. 1   |
|  | Link between childhood abuse and adult DV relationships | Recognised explicit link vs. did not appear to make link                                   | 7, 5 vs, 1, 2, 3, 6                     | 6   |
|  | Choosing to parent in the same way or differently       | Things my parents did well vs. I'll never do that to my child                              | 2, 3, 4 vs. 4, 5, 1                     | 5   |
| <b>Transition</b>                                    | Developing hope and optimism                            | Hopefulness versus hopelessness  | 1, 2, 3, 4, 6 vs. 5, 7                  | 7   |
|  | Developing a sense of agency                            | Agency vs. powerless   | 1, 2, 3, 4, 6 vs. 5, 7                  | 7   |
|  | Developing a sense of self                              | Victim to survivor, vs lost, confused  | 1, 2, 3, 4, 6, 7 vs. 5                  | 7   |

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|   |                                 |   |                                 |   |
|---|---------------------------------|---|---------------------------------|---|
|   | Discovering freedom in safety   | Safety, playfulness, bewilderment   | 1, 2, 3, 4, 6                   | 5 |
| <b>Relationship with the individual child(ren)</b>                      | Children as motivator           | Child as reason to keep going, love for child, motivated to create different life for child   | 1, 2, 3, 4, 5, 6, 7             | 7 |
|   | Gender                          | Relationship and age of the child, difference in gender                                       | 1, 2, 3, 4, 5, 6, 7             | 7 |
| <b>Emotional regulation and trauma in the mother-child relationship</b> | Attunement to child             | Idealised fantasy versus grounded reality   | 5, 6, 7 vs. 1, 2, 3, 4          | 7 |
|   | Managing conflict/discipline    | Boundaries and tensions   | 1, 2, 3, 4, 5, 6, 7             | 7 |
|   | Coping with child's trauma      | Child's anger, hyperarousal, separation anxiety, overdose attempt                             | 1, 2, 3, 4, 6, 7                | 7 |
|   | Emotional availability to child | 'Numbing out'/'Cutting off' vs hyperaroused vs overwhelmed vs trying to stay present, attuned | 1, 2, 3, 5, 6, 7 vs. 1, 4, 3, 7 | 7 |
|   | Perception of child             | Child reminds of perpetrator/child experienced as   | 1, 5, 6, 7, vs. 2, 3, 4         | 7 |

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evil/malicious/' doing it  
deliberately' vs child as  
vulnerable/lovable

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## Appendix P: Abridged Master table of themes for group (Superordinate Theme One)

| Superordinate theme                               | Subtheme                               | Quote  | Line    |
|---|--|--|---------|
| <b>Own experience of childhood/being parented</b> | Experiences of abuse, loss and neglect | P1. No, no I don't and like, obviously, like ...I've got issues like from like when I was younger. My real dad, he abused me when I was younger and my mum she didn't really want to talk about it.  | 575     |
|   |  | P2. My mum died when I was three years.... And my daddy, he was drinking.  | 139     |
|   |  | P3. Yeah. Say like, when she did give me a smack.. It was only the other day we were speaking and I said, "do you know if you were to do that now, you'd get done for child abuse"! (Laughs). But it worked.   | 657     |
|   |  | P5. It was quite hard growing up because I used to get the blame for a lot of stuff, that wasn't me. I always used to take the blame for stuff as well just to get an easy beating, if that makes sense? Rather than getting beaten until someone had owned up to it.  | 277     |
|   |  | P6. They didn't, to be honest with you. Umm, well my mother used to slap us. But then so did everyone else.  | 1864    |
|   |  | P7. He always wanted a son so I was supposed to be (male name), but I'm (female version of male name). I always felt that I let them down, I wasn't good enough. I still don't think I've done anything to make them proud. That's been one of my big issues and that was one of the big issues that I had counselling for when I was in my early 20s. | 852-856 |

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|   |  |         |
|---|--|---------|
| Link between childhood abuse and adult DV relationships | P5. Because my dad, when I was younger, he used to say a lot of...name-calling to me, so rather than that if my partner just hit me, it would just let it stop.  | 209     |
|   | P7. So it was like, I always wanted to make my dad proud, if that makes sense, then it just switched to him, I wanted him to love me. I still feel like it was my fault.   | 1856    |
| Choosing to parent in the same way or differently       | P1. Yeah. I mean I've always, I've always said even before I had kids, I've always said that I would do things differently to how my mum brought me up and, like, you learn by how you've been treated. I'm like no.   | 633-637 |
|   | P2. Yeah, yeah. It was inside here {gestures to heart}. I know that she loved me. She do everything for me, blah, blah, blah.  | 234     |
|   | P3. Strict. My mum was quite strict, you know, she didn't tolerate any crap. Happy. I mean we used to go out a lot, my mum used to take us out to parks and the seaside and that kind of stuff. She was a very, what's the word? Umm...looking back now I'm glad that she was the way that she was because I've used some of her skills: the way that I deal with my children. | 635-639 |
|   | P4. My childhood was very good. How it was supposed to be. I had always good parents. My mum, she was always good to us. She was hard-working, she was caring about us, about the work, everything and my daddy as well.   | 477-478 |
|   | P4. Because I had a couple of arguments with my mum. She was not   |         |

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always but sometimes telling me, “oh, you are wrong, blah, blah, blah” and I don’t really like when people are telling me because I believe I have done the right thing and someone is telling me, you know...? 529-563  
And it’s making me, in yourself...how do you say? ... to get the distance from your parent and I don’t like that. I want J not to feel that distance.

P 5. Yeah, yeah. I’ve always wanted loads of kids. Like, ever since I was little I’ve always said that I want a massive family and that I just want us all to be there for each other and stuff, because my brothers weren’t there for me either so I’ve just always wanted that tight family unit but I feel like it’s falling apart a bit already! 365-367

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## **Appendix Q: Reflexivity and Bracketing Assumptions-Excerpt from research journal**

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**Appendix R: Signed Transcription Agreement for data confidentiality**

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**Appendix S: Publication Guidelines for journal chosen for publication- Journal of Traumatic Stress**

## Author Guidelines

1. The Journal of Traumatic Stress accepts submission of manuscripts online at:

<http://mc.manuscriptcentral.com/jots>

Information about how to create an account or submit a manuscript may be found online in the "Get Help Now" menu. Personal assistance also is available by calling 434-964-4100.

2. Three paper formats are accepted. All word counts should include references, tables, and figures. Regular articles (no longer than 6,000 words) are theoretical articles, full research studies, and reviews. Purely descriptive articles are rarely accepted. In special circumstances, the editors will consider longer manuscripts (up to 7,500 words) that describe complex studies. Authors are requested to seek special consideration prior to submitting manuscripts longer than 6,000 words. Brief reports (2,500 words) are for pilot studies or uncontrolled trials of an intervention, case studies that cover a new area, preliminary data on a new problem or population, condensed findings from a study that does not merit a full article, or methodologically oriented papers that replicate findings in new populations or report preliminary data on new instruments. Commentaries (1,000 words or less) cover responses to previously published articles or, occasionally, essays on a professional or scientific topic of general interest. Response commentaries, submitted no later than 8 weeks after the original article is published (12 weeks if outside the U.S.), must be content-directed and use tactful language. The original author is given the opportunity to respond to accepted commentaries.

3. The Journal follows the style recommendations of the 2010 Publication Manual of the American Psychological Association (APA; 6th). Manuscripts should use non-sexist language. Files must be formatted using letter or A4 page size, 1 inch (2.54 cm) margins on all sides, Times New Roman 12 point font, and double-spacing for text, tables, figures, and references.

4. The title page should include the title of the article, the running head (maximum 50 characters) in uppercase flush left, author(s) byline and institutional affiliation, and author note (see pp. 23-25 of the APA manual).

5. An abstract no longer than 200 words follows the title page on a separate page.

6. Format the reference list using APA style: (a) begin on a new page following the text, (b) double-space, (c) use hanging indent format, (d) italicize the journal name or book title, and (e) list alphabetically by last name of first author. If a reference has a Digital Object Identifier (DOI), it must be included as the last element of the reference.

#### Journal Article

Kraemer, H. C. (2009). Events per person-time (incidence rate): A misleading statistic? *Statistics in Medicine*, 28, 1028–1039. doi: 10.1002/sim.3525

#### Book

Cohen, J. (1988). *Statistical power analysis for the behavioural sciences* (2nd ed.). Hillsdale, NJ: Erlbaum.

#### Book Chapter

Meehl, P. E. (2006). The power of quantitative thinking. In N. G. Waller, L. J. Yonce, W. M. Grove, D. Faust, & M. F. Lenzenweger (Eds.), *A Paul Meehl reader: Essays on the practice of scientific psychology* (pp. 433–444). Mahwah, NJ: Erlbaum.

7. Tables and figures should be formatted in APA style. Count each full-page table or figure as 200 words and each half-page table or figure as 100 words. Tables should be numbered (with Arabic numerals) and referred to by number in the text. Each table and figure should begin on a separate page. Only black and white tables and figures will be accepted (no colour). Figures (photographs, drawings, and charts) should be numbered (with Arabic numerals) and referred to by number in the text. Place figures captions at the bottom of the figure itself, not on a separate page. Include a separate legend to explain symbols if needed. Figures should be in Word, TIFF, or EPS format.

8. Footnotes should be avoided. When their use is absolutely necessary, footnotes should be formatted in APA style and placed on a separate page after the reference list and before any tables.

9. The Journal uses a policy of unmasked review. Author identities are known to reviewers; reviewer identities are not known to authors. During the submission process, authors may request that specific individuals not be selected as reviewers; the names of preferred reviewers also may be provided. Authors may request blind review by contacting [jots@ucsf.edu](mailto:jots@ucsf.edu) prior to submission in order to provide justification and obtain further instructions.

10. Statement of ethical standards: All work submitted to the Journal of Traumatic Stress must conform to applicable governmental regulations and discipline-appropriate ethical standards. Responsibility for meeting these requirements rests with all authors. Human and animal research studies typically require approval by an institutional research committee that has been established to protect the welfare of human or animal subjects. Data collection as part of clinical services or for program evaluation purposes generally does not require approval by an institutional research committee. However, analysis and presentation of such data outside the program setting may qualify as research (i.e., an effort to produce generalisable knowledge) and require approval by an institutional committee. Those who submit manuscripts to the Journal of Traumatic Stress based on data from these sources are encouraged to consult with a representative of the applicable institutional committee to determine if approval is needed. Presentations that report on a particular person (e.g., a clinical case) also usually require written permission from that person to allow public disclosure for educational purposes, and involve alteration or withholding of information that might directly or indirectly reveal identity and breach confidentiality.

11. Reports of randomized clinical trials should include a flow diagram and a completed CONSORT checklist (available at <http://www.consort-statement.org>). The checklist should be designated as a "Supplementary file not for review" during the online submission process. As of 2007, the Journal of Traumatic Stress now follows CONSORT Guidelines for the reporting of randomized clinical trials. Please visit <http://consort-statement.org> for information about the consort standards and to download necessary forms.

12. Submission is a representation that the manuscript has not been published previously and is not currently under consideration for publication elsewhere. A statement transferring copyright from the authors (or their employers, if they hold the copyright) to the International Society for Traumatic Stress Studies will be required after the manuscript has been accepted for publication. Authors will be prompted to complete the appropriate Copyright Transfer

Agreement through their Author Services account. Such a written transfer of copyright is necessary under U.S. Copyright Law in order for the publisher to carry through the dissemination of research results and reviews as widely and effectively as possible.

13. Pre-Submission English-Language Editing: Authors for whom English is a second language may choose to have their manuscript professionally edited before submission to improve the English. Japanese authors can find a list of local English improvement services at <http://www.wiley.co.jp/journals/editcontribute.html>. All services are paid for and arranged by the author, and use of one of these services does not guarantee acceptance or preference for publication.

14. The author(s) are required to adhere to the "Ethical Principles of Psychologists and Code of Conduct" of the American Psychological Association (visit <http://www.apastyle.org>) or equivalent guidelines in the study's country of origin. If the author(s) were unable to comply, an explanation is requested.

15. The journal makes no page charges. Author Services – Online production tracking is now available for your article through Wiley-Blackwell's Author Services. Author Services enables authors to track their article - once it has been accepted - through the production process to publication online and in print. Authors can check the status of their articles online and choose to receive automated emails at key stages of production. The author will receive an email with a unique link that enables them to register and have their article automatically added to the system. Please ensure that a complete email address is provided when submitting the manuscript. Visit <http://authorservices.wiley.com/> for more details on online production tracking and for a wealth of resources including FAQs and tips on article preparation, submission, and more. Corresponding authors: In lieu of a complimentary copy free access to the final PDF offprint of your article will be available via Author Services only. Please therefore sign up for Author Services if you would like to access your article PDF offprint and enjoy the many other benefits the service offers. Should you wish to purchase reprints of your article, please click on the link and follow the instructions provided: <https://caesar.sheridan.com/reprints/redir.php?pub=10089&acro=JTS>

16. OnlineOpen The Journal of Traumatic Stress accepts articles for Open Access publication. Please visit <http://olabout.wiley.com/WileyCDA/Section/id-406241.html> for further information about OnlineOpen.