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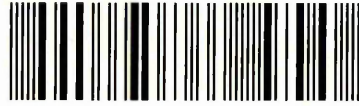
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A Tale That Can Be Told:
Mother-Child Narratives of Domestic
Abuse.

Jean Kidner

July 2009

A Tale That Can Be Told:
Mother-Child Narratives of Domestic Abuse.

Penelope Jean Kidner

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July 2009

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Jean Kidner

Abstract

Domestic abuse is widespread and damages the lives of a large number of women and children. Women and children who leave abusive men continue to live with the effects of violence and coercive control, sometimes over long periods. Often communication between mothers and their children is curtailed, and misunderstandings can arise. Children may assume that talking about the abuse is to be avoided, a view that is unlikely to be helpful in their development and adjustment to a new life.

This study was conceived around the communication between mother-child dyads and professionals. An appropriate intervention was sought to maximise communication and attachment between mother and child in the aftermath of domestic abuse. The professional's role was framed as an educational intervention aimed at supporting social and emotional well-being through a family learning approach and there were early indications that a narrative form would be appropriate for this intervention. Narrative is a primary form of communication between mothers and their children from the early years, and the use of narrative has been shown to support improved attachment between children and mothers.

The study explores the responses of six mother-child dyads as they engaged with the practitioner to negotiate a shared account of their past with an abusive man and share understandings about what happened to them. A case study type of action research was used, using a feminist approach. Social constructionist epistemology was linked with an ontology derived from critical realism. Participant observation by the professional was the principal source of data and reflexivity the main analytical tool, providing the basis for increased understanding of family relationships, the effects of the abuse and the ways in which the intervention supported well-being.

The findings confirm that all the women and children engaged with the process, supported one another as they negotiated the story, and developed mutual understandings. The intervention was seen to have possibilities for other fields of practice with children and parents, and the approach has potential for use in other research contexts where children and their parents are involved.

Candidate's Statement

This thesis is the result of many years awaiting the opportunity to re-engage with my father's advice to go to university to read, "not even to read a subject," as he said, "just to read." My passion for reading, and my interest in children and their parents has led me to the focus of this thesis, with my interest in domestic abuse picked up on the way.

In a field addressing an area of professional practice which can be distressing and disturbing, my aim was to make a contribution to support the well-being and happiness of children.

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My warmest thanks to my supervisors Dr. Anne Hollows and Dr. Karen Dunn for their wise advice, encouragement and enthusiasm.

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Thanks are due to my partner, my children and grandchildren for their understanding of how important this work has been to me and their willingness to manage around my preoccupations.

Finally to the women and children studied here, and the many others that I have known and worked with, thank you for your courage and your commitment to supporting each other.

Jean Kidner
July 2009

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Chapter 1: Introduction

Feminists have argued convincingly that women's and children's voices should be privileged in the construction of knowledge of gendered issues in society (Skinner *et al*, 2005, p.12, Hague and Mullender, 2005, p.149). This thesis makes an original contribution to both theory and practice in exploring the process and outcomes of listening to mother and child dyads as they narrate their experiences of domestic abuse. A feminist approach recognises the gendered nature of domestic abuse, that it often overlaps with sexual abuse and child abuse, and that wider structural inequalities enable and reinforce domestic abuse and its ill effects. The adoption of a feminist position here affirms my commitment to action to increase knowledge and understanding of these issues, and to research-based practice to address their effects. As research entered into for this purpose, the current study includes the well-being of all participants as central to its agenda. The work described here encourages women and children to understand and resist abusive behaviour, enables them to enter into dialogue about the abuse and empowers women to speak out about their experiences for the benefit of their children and other potential audiences.

Practice at the level of individuals and families takes place within historical, national and international contexts that cannot be ignored as they have an impact on practitioners and clients alike.

The United Kingdom Government defines domestic violence as "Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality." This includes issues of concern to black and minority ethnic (BME) communities such as so called 'honour based violence', female genital mutilation (FGM) and forced marriage. (Home Office Crime Reduction Mini-site)

The mini-site states that domestic violence accounts for 15% of violent crimes while acknowledging that: "domestic violence is under reported" and that 89% of those suffering four or more incidents are women. The 2005/6 British Crime Survey

(Coleman *et al*, 2007) found that 29.5% of women had experienced partner abuse (non-sexual abuse, sexual abuse or stalking) since the age of 16, and 6.3% of women had experienced partner abuse in the previous year (Coleman *et al*, 2007, Table 3.1, p.66).

Since the establishment of the first women's refuge (in Chiswick in 1971), sanctuary from domestic abuse¹ has been available across the United Kingdom, a service usually provided 'by women for women', with Women's Aid as the leading organisation in most areas of the country. Tens of thousands of women and children are now accommodated in United Kingdom refuges each year, with many more accessing community-based domestic abuse services.

In the past decade the government has played a major role in the coordination of responses to domestic violence by police, courts, local authorities and the health service with some substantial changes resulting. The long established national voluntary organisations such as Women's Aid and Refuge have continued to provide expertise to the public, practitioners and legislators. The NSPCC, Barnardo's and NCH have also contributed with their developing understanding of the links between different types of abuse within the family (for example: Hester *et al*, 1998). There has been increasing professional awareness of the co-occurrence of domestic abuse with other factors such as the high rates of mental ill-health, suicide, and murder of women victims; and a corresponding recognition of the continuing risks to children even after their mother has left an abusive man. Contact with abusive fathers following separation remains a controversial issue; it exposes many children to dangers (Saunders with Barron, 2003; Saunders, 2004, p.4) although the Court Service has now put in place new procedures to address this issue (HMCS, 2008).

It is now widely understood that children are badly affected by domestic abuse; the scale of the problem is great, with an estimated 750,000 children a year in the United

¹ Domestic violence and domestic abuse are often used interchangeably. However, in certain contexts one or other phrase is preferable – to be discussed further in Chapter 3

Kingdom witnessing domestic abuse (Department of Health, 2002, p.18). Since 2002 causing a child to witness domestic abuse is considered to be significant harm in itself (see Chapter 2, p.12) and there is increasing recognition that the experience of family violence affects all aspects of children's development and usually leads to emotional and behavioural difficulties. The 2006 CAFCASS² vision document (Local Government Association, 2006) outlines the effects on children and describes the range of services and activities that should be provided to meet their needs. However, these services are far from uniformly available across the United Kingdom, and where they exist they often depend on charitable fund-raising. For most of the children affected there are few opportunities to disclose, let alone discuss, the emotions, disruptions and responsibilities that stem from their unsettled and potentially dangerous family life.

It is likely that for nearly all of these children their mothers are the main source of support (Mullender, 2006, p.62). Paradoxically, many mothers find it hard to offer support that explicitly addresses the abuse; perhaps due to practical circumstances, deep emotions and/or social stigma. Research evidence suggests that this pattern of reticence and/or avoidance is common; Humphreys *et al* (2006 p.55-7) provide a useful summary of findings on the background to this and the subsequent 'conspiracy of silence' that may occur (2006, p.57-8). Within the domestic abuse workforce there is increasing recognition of the need for paired work with women and children together to help mothers support their children (Mullender, 2004, p.8).

As a mother who experienced domestic abuse, I recognise in retrospect that such support would have helped me and my children. I had known my ex-husband since I was 12 within a very safe friendship pattern; his sister in my class, whole family parties, my brother on holiday with his family. We had a relationship from just before my 17th birthday and married when I was 19 after a year of partial separation when I

² CAFCASS, the Children and Family Court Advisory Support Service, is an organisation which researches the needs of children in families where court intervention is required and represents the children's interests to the court.

went away to university. When, six months into our marriage, he threw a large, very heavy radio across the room at me I was totally shocked, but it was just the start of more frequent threats and abusive acts. I began to fear him, and started to wake at night feeling quite certain that he could kill me. I carefully worked out how to manage our relationship, always weighing up what to do to reduce the risks to me, and later to our two children. I suffered a major injury just after the birth of my second child, but I hid it at the time, and only realised later how serious it actually was.

The experience during the many years I continued to live in the situation, including memories of what I did, and how it felt, provides me with the motivation to explore and reflect on what would have helped me, and my children, and may help others in a similar predicament.

I am also able to empathise with women who 'don't leave' and/or 'go back'. Not because causes and reasons for them are the same as mine, but because the causes and reasons that impacted on me, and my decisions, are still in many ways obscure to me. Even the process of study, practice, observation and reflection involved in producing this thesis has cast very little light on my past and its meaning. Meanings change, and my rationalisations now may bear no relationship to the way I was thinking in times past. I have many regrets, the main one of which is the effects on my children and on my relationships with them.

My recent role as a children and young people's worker within a domestic abuse refuge involved supporting communication between mothers and children who have left abusive situations. This has further confirmed my understanding of the benefits for women and children of dyad work after leaving the abusive situation.

The increased recognition of the extent of children's exposure to domestic abuse, and its subsequent costs; physical, social, and emotional as well as purely economic (Walby, 2004, pp.11-2) will lead to greater demand for appropriate support for children

and their mothers, including for the large numbers who do not access specialist domestic abuse services. These families will need approaches to support that can be delivered through professionals working in mainstream childcare, school, parenting, social care or health services.

The intellectual challenge I set myself was to explore what might unlock and enhance mother-child communication following the experience of domestic abuse. My experience as a primary teacher led me to seek out an educational approach to the support, with family learning as a basic principle. Family learning is described by the National Institute for Adult and Continuing Education thus: “learning as, or within, a family...it is learning that helps people operate as a family” NIACE (2003).

The view of family learning adopted for this study recognises that learning goes on in all families. All family members are learning from each other in many ways most of the time; and all aspects of family life communicate tastes, values, behaviours and beliefs³. From birth, the process of relating to others depends on continual learning; but situations set up consciously to promote learning between family members hold special significance for the participants.

Narrative is a form of communication that is integral to many aspects of daily life; we need to know where someone has been, we need to tell what we have achieved. Each individual’s stories exist in an incipient reverie that accompanies actions (Hardy, 1975, p.4), and which can become a narrative when given attention, often by or for an external audience. If the narrative becomes detached from the process of joint construction and communication of meaning that is so important in early childhood, the mismatch is likely to cause difficulties.

³ Finnegan (2002, p. 31) provides examples of the wide range of behaviours and artefacts that contribute to; “communication... [as] a dynamic interactive process made up of organised, purposive, mutually-influential and mutually-recognisable actions and experiences that are created in a variety of modes by and between active participants.” (2002, pp.28-9).

A family learning activity, based on shared narrative and designed to support social and emotional well-being, was expected to be empowering to children and mothers. Social and emotional well-being can be defined as: “A holistic, subjective state which is present when a range of feelings, among them energy, confidence, openness, enjoyment, happiness, calm, and caring, are combined and balanced.” (Stewart-Brown (2000) cited in Weare and Gray, 2003, p.19). This emotional dimension of the activity was seen as central to the success of the endeavour.

Children may be reluctant to talk about domestic abuse, an issue often considered taboo and stigmatised, even with close extended family members. Any attempts they do make to raise the subject of domestic abuse may be met with embarrassment, platitudes or rejection. They may find it hard to know where to begin, and they may feel that their mother would not wish them to confide in others. As one of the children participating in this study discovered, friends may not be trustworthy, they may minimise the abuse, or inadvertently pass on information to potential bullies. Children living with abuse in the family may fear that they could be taken into care and may have heard their mother being threatened with this by the perpetrator or by a social worker (Mullender *et al*, 2002, p.163, p.106). Although they may be in contact with professionals who could offer support, sadly Mullender *et al* (2002) found that children may feel reluctant to take it up (2002, p.106, p.109, p.138).

A main purpose of this study was to explore whether, and how, negotiated life story narratives between mothers and their children following the experience of domestic abuse, contribute to greater confidence in communication with extended family members, friends and potentially supportive professionals. By starting to develop a negotiated narrative with their children, mothers can explore the parameters of how much they want their child to know at this stage, and what is acceptable for their child to share with outsiders. The process can also increase children’s belief that it is appropriate to talk about one’s experiences in safe contexts, and can enhance their ability to name the abuse and contextualise it for an external listener.

The intervention developed to facilitate and explore this process was named '*The Tale That Can Be Told*' (described in Chapter 4, Section 6, p.97). Three narrative sessions were held with mothers and one of their children aged 7-12. The process was planned to enable a negotiated narrative about the domestic abuse to emerge, and be recorded in a physical form, such as a book, that would be a gift to the child and that mothers and children would appreciate and respond to. Professional and research ethics were considered in detail, given both the risk of further violence to participants and researcher, and the emotional needs of the participant children and women.

In order to study this exploratory family learning activity it was necessary to adopt the dual role of facilitator and researcher. This role of participant observation of case-studies is evident in the literature of therapeutic practice: relevant examples are Axline's (1964) '*Dibs in Search of Self*', Vetere and Dowling's compilation of narrative therapy studies (2006) and Michael White's '*Maps of Narrative Practice*' (2007). These practitioners use case notes to argue for particular forms of therapeutic practice, as well as to elucidate the needs of their clients for a wider audience. In this study video recordings were used, where this was agreed by participants, to enhance reflexive thinking and analysis.

A conversational approach was adopted to support the narrative process, with a minimum of interventions once the story telling was underway. The emotional import of the narration to the children and mothers was fully recognised. Narrative is a "primary act of mind" Hardy (1997) which is used to make things make sense, for the self and for others. Of great benefit to the practitioner is to hear a story constructed between child and mother in a way that helps the practitioner to make sense, not only of what has happened to the family, but also of the relationship between the mother and the child, and the ways in which they support each other; it is a good way to come to understand child and mother.

A feminist approach is here linked to a social constructionist epistemology and a critical realist ontology. Within this approach three methodological strands are considered important. Firstly, it was recognised that the participants would try to construct, and reconstruct, in conversation with the facilitator, an account based on real events, that had to feel true, and had to convince outsiders of that reality. Secondly, the accounts were produced within political and social contexts that are understood to constrain the roles, relationships and responses of the practitioner and families. Thirdly, the practice of reflexivity used for the analysis emphasised the value of bringing varied perspectives to the data to build a richer picture of the negotiation, the narrative itself and the practitioner's role, both as facilitator of the process and as audience for the stories.

All the women and children engaged with the process. Within each dyad mutual support between mother and child was evident and negotiations took place leading to accounts that were acceptable to both. The intervention enabled the professional to gain some understanding of each family's history and the impact it had on the child and mother and was seen to have possibilities for other fields of practice with children and parents.

'The Tale That Can Be Told' was devised, following an extended period of personal reflection, professional practice and careful study, to address the issue of communication between mother-child dyads in the aftermath of domestic abuse. The framing of the intervention draws on the power of narrative, as an educational process, to bridge the gaps in knowledge and understanding, both between mother and child, and also between the dyad and the practitioner. The reflective nature of the activity is mirrored in the way in which the study was designed, which focuses on the detail of interaction and using feminism to relate this detail to wider societal and political contexts.

Chapter 2: The Study in Context

This study is concerned with the relationship between mothers and their children following domestic abuse. The argument presented in this chapter is that a high proportion of women and children in the United Kingdom are affected by this problem, that children who have been exposed to domestic abuse are often not recognised as such unless or until domestic abuse or safeguarding children services are involved, and that their needs often go unmet. Where a family has multiple, overlapping difficulties, domestic abuse as a key issue may not be identified by children's professionals or even by social workers. Mothers in these circumstances may not seek out, or engage with, appropriate support; indeed there are factors that inhibit women from approaching services.

A feminist approach to this issue brings with it a location of the problem within a larger problem of gendered social structures. Within these structures women have less access to resources than men, and more family responsibilities; these factors make women both more vulnerable to the effects of domestic abuse, and more likely to be supporting children through the abusive situation. They also make it less likely that women will be able to access help, and that children's needs will be met.

Men who abuse their roles as partners and fathers seriously affect the well-being of women and children and attack the relationship between them. Any incident that frightens or hurts a child, while at the same time impeding the mother's availability as a source of comfort and a route to safety, is immediately a dual attack on the child. Coercive and threatening behaviours between incidents maintain a tense environment and the child's security and attachments will be affected if the father cannot be trusted, and if the mother is not 'allowed' to mother her children as she sees fit.

The continuing well-being of children affected is dependent in part on the effects of the abuse on the woman and her ability to maintain and develop her relationship with her children through the difficulties. In this chapter existing approaches to supporting women and their children after they have left an abusive relationship are evaluated and a new type of intervention is proposed to complement existing practice. The research aim, objectives and questions follow from this proposed intervention.

1. Prevalence and patterns of domestic abuse in the United Kingdom

The issue that was addressed in this study, namely the lack of communication between mothers and children following domestic abuse, occurs against a pattern of domestic abuse in the United Kingdom, which is both widespread, and in a minority of cases leads to extreme consequences such as homicide, suicide, serious mental health problems, and children being taken into public care. Participants in the study, adults and children, will each have their own perceptions of this pattern, and this will affect how they interpret their experience and its implications for their future. It was important in planning and developing the intervention to address fully the risks involved, and to consider how professionals would correct possible misinformation held by the participants, who may not be fully aware of the significant risks they face. For example the potentially high risks to health and safety, and to emotional and social well-being were addressed through careful preparation with the participants. Additionally, the understanding that domestic abuse is widespread and crosses all boundaries of class, race and other social divides, could be used to support women and children who experience feelings of being alone, different, and unable to talk to others about the experience of abuse.

1.1 Prevalence: United Kingdom statistics of domestic abuse

In England and Wales approximately 2 women a week have been killed by partners or ex-partners over the past five years: in the five years to 2005/06 partners or ex-partners were recorded as responsible for 37.0% (no.506) of all adult female homicides compared with 5.4% (no. 147) of adult male homicides (Coleman *et al*, 2007, pp.19-20).

An estimated 750,000 children in the United Kingdom witness domestic abuse each year and around 75% of children with child protection plans are likely to be from families where there is domestic abuse (Department of Health, 2002, p.16, citing Cleaver *et al*, 1999). Of this large number of children only around 13% have some contact with a specialist domestic abuse project (Dahms, 2004, p.1).

Early attention to the needs of the remaining large percentage, over 650,000 affected children annually who currently have no access to specialist services, is urgently needed in the light of '*Every Child Matters*' and related government initiatives to ensure the well-being and safety of every child through appropriate multi-agency practice (DCSF, 2009a). Preventative work to identify these children, and to work with them and their mothers, could have a significant impact on government targets. Currently such preventative work exists in midwifery; where routine inquiry is used to identify women who are experiencing abuse during pregnancy (Barron, 2005), and in health visiting, or social work where groups of practitioners may seek to explore domestic abuse matters with their clients (Radford and Hester, 2006, p.150-5). Generally, children are uninformed about domestic abuse, and have little idea of how to access support should they need to; few British children have been given anything more than a cursory introduction to the idea of domestic abuse (Ellis *et al*, 2006, p.72). However, many children who phone Childline mention abusive fathers (NSPCC website).

1.2 Official recognition of the significance of the impact of domestic abuse on children

There is evidence of increasing awareness over the past five years of the significance of domestic abuse for children. Politically, at least three factors have contributed to the increased attention given to the relationship between mothers and their children following domestic abuse. Those identified by the Local Government Association are:

- 1) The increasingly recognised cost of providing housing (including refuge spaces), social services, and health services to women and children who have had to leave their home or have suffered abuse.
- 2) Awareness that domestic violence is a major contributor to violent crime and in particular to repeat victimisation.
- 3) Identification of domestic violence as a primary indicator of child protection needs. (Local Government Association, 2005, p.3)

Apart from the above examples of routine inquiry, domestic abuse, although widely recognised in our society, is not commonly identified within mainstream children's services as a potential major negative influence on children's development. Even when multi-agency assessment of a child's needs is undertaken, the presence of domestic abuse in the family is not automatically considered. Until recently there was little official recognition at government level of its significance. In the United Kingdom, the Adoption and Children Act of 2002 provided legal acknowledgement of the child protection implications of domestic abuse:

[T]he harm a child may be at risk of suffering includes "*any impairment of the child's health or development as a result of witnessing the ill-treatment of another person, such as domestic violence*". (Her Majesty's Court Service (HMCS), 2006, section 20, p.30).⁴

As Radford and Hester (2006, pp.60-1) point out, Section 20 could increase the likelihood of professionals blaming the mother for not protecting her children. In spite of this policy decision, there remains a lack of understanding of the nature of the effects on children and how these can be ameliorated through support for their mothers. Even where a domestic violence incident is reported to the police and children are present,

⁴ This section was commenced on 31/1/05

specialist children's support services are not readily available. Offering a domestic abuse service to a child whose mother does not want to leave an abusive relationship would make little sense. The alternative is to provide advice and support to the mother, together with assessing risk, and taking action, including child protective action, according to the level of risk (Humphreys, 2007, pp.364-5).

2. Understanding women's vulnerability to domestic abuse and the difficulties they face in engaging with services for themselves and their children.

The Home Office reports that domestic violence: "has more repeat victims than any other crime (on average there will have been 35 assaults before a victim calls the police)" (Home Office Crime Reduction Domestic Violence Mini website). From these data it can be seen that some women experience many assaults, perhaps at a relatively low level of severity, and do not call the police. However, they may be at very high risk from an escalation, which may occur suddenly, especially on separation (Humphreys, 2007, p.365).

For many families, the experience of domestic abuse co-exists with a range of other factors which make it less likely that professionals will identify the abuse, although it may be a significant cause of other issues for the family. This section describes how certain women are more vulnerable to domestic abuse, and others become more vulnerable through the abuse. However, even those women who are less affected face difficulties in accessing appropriate services. The problems include lack of information, signposting and appropriate routes into services, lack of belief and sensitivity from professionals, and practitioners' failure to recognise women's strengths and their achievements as women and as mothers.

All childhood experiences contribute to vulnerability and/or resilience; girls who grow up feeling vulnerable, may be more prone to abuse, and may be targeted by abusive and controlling men. Women who have been sexually abused as children are one group who are more likely to be abused as adolescents and by a partner in adulthood (Williams, 2003, p.444; Itzen, 2006, p.10). Such women may also feel insecure with authority figures and services which have let them down in the past.

Professional misunderstandings of their culture or religion may also increase women's mistrust of agencies. Racism in services is frequently experienced and feared by black and minority ethnic women, (Khanum, 2008, p.42; Mullender *et al*, 2002, ch.6).

Where a woman has precarious immigration status, has limited English, or has come into the country with little knowledge of her rights, she may be at an increased risk of abuse and will have few opportunities to seek help. Overall, black and minority ethnic women face additional factors that increase their reluctance to contact support services and reduce their access to means of escape (Khanum, 2008, p.42).

Various forms of substance misuse can result from the domestic abuse, perhaps through a woman's attempts to manage anxieties, sleep problems, and troubling fears and memories. Some women who use illegal substances are unlikely to access services for fear of intrusion into their lives.

Disabled women are particularly vulnerable to abuse; as Hague *et al* (2008) put it, they experience: "multiple disadvantage: increased risk but fewer services." (Hague *et al*, 2008, p.18). They find it hard to access help, and sometimes experience abuse from their personal assistants (Hague *et al*, 2008, p.51) they may also lack suitable and independent mobility, sensory, or communication support (Hague *et al*, 2008, p.54).

A number of publications over the past decade have increased understanding of the effects of domestic violence on mental health; including increased levels of post-traumatic stress disorder, suicide attempts and suicide (Walby, 2004 pp.54-6).

Humphreys and Thiara (2003) use a quote from one of their respondents in their title: “Domestic Abuse and Mental Health: ‘I call it symptoms of abuse’ ” (Humphreys and Thiara, 2003, p.209). Walby (2004) showed that domestic abuse has a major impact on women’s mental health including an increased risk of suicide (Walby, 2004, pp.54-6). This evidence emphasises the fact sometimes missed by practitioners encountering mental health issues in women who have been abused, namely that this is likely to be a result of the abuse rather than a pre-existing condition. The condition itself may make a woman feel less able to cope, to ask for help for herself or her children, or to leave her partner.

Even if a woman’s mental health is un-compromised by the abusive relationship, her sense of self, her confidence, her security in her relationships (for example with family, friends and local contacts) her beliefs and values, and her daily routines and activities can all be affected. Her life may begin to revolve around the demands of the abuser and as these demands become more unreasonable her sense of normality may be distorted. Fear of losing their children is very real for some women, and perpetrators sometimes use threats of social services involvement coupled with criticism of a woman’s parenting. A mother may be reluctant to talk to health visitors, nursery or school staff in case they ask about her partner. If women do talk to workers in these services, they may keep the abuse secret because of fears that an unwelcome intrusion from the safeguarding service could lead to increased violence against her at home, as well as loss of her children (Wuest *et al*, 2003, p.612).

Sometimes a woman does approach members of her family or friends for help, only to find that they accept or condone the abuse, or even see the woman herself as at fault. Friends and family, although well intentioned, may not know how to help (Regan and Kelly, 2008, p.12). They may put the onus on the woman to negotiate change, and to make accommodations to the abuser’s demands, rather than to assert her own rights in the situation.

Women may be kept in poverty or imprisoned by their partners; in these situations they have restricted opportunities to seek help, for example having no money for travel or no access to a phone.

All of these effects of abuse, as well as making it more difficult for a woman to seek help, may also make it harder for concerned professionals to move beyond dealing with symptoms, to actually recognising their cause. A woman whose children: “never had new clothes” (Radford and Hester, 2007, p.33), may be identified as a neglectful mother rather than as suffering financial abuse. A woman who finally takes her sick son to the doctor when he is already seriously ill may be considered ignorant and uncaring, rather than an escaped prisoner. More worrying is the finding that general practitioners, who are sometimes the only professionals in contact with a woman or family, may not have a good understanding of domestic abuse (Regan and Kelly, 2008, p.13). It is easy to see how ‘mother-blaming’ can occur (Radford and Hester, 2007, p.47).

Men often threaten that they will kill their partner, this is one of the fears that women and children hold in common, see for example (Mullender *et al*, 2002, p.94). Such threats commonly increase when a woman shows signs of wanting to leave. (Humphreys, 2007, p.365).

Children may also be at increased risk following separation, men have increased opportunities to abuse children during contact sessions while they are away from their mother’s care (Radford and Hester, 2006, pp.94-97). Saunders (2004) in her analysis of twenty-nine child homicides, shows how contact between children and their fathers following separation after domestic abuse can result in homicide and could be prevented by the courts undertaking risk assessments before ordering contact or residence (Saunders, 2004, p.22). The prevalence of homicides associated with both domestic abuse and child abuse confirms the dangers to women and children. Government statistics on homicides committed in 2005-6 show that in 44% of

homicides of victims under 16 the victim was son or daughter of the main suspect (Coleman *et al*, 2007, p.18).

The six families that participated in this study consist of women and children who have left abusive men⁵. The on-going risks faced by the women and children in the post-separation period include children's on-going contact with abusers, and isolation from friends and family in new homes and/or communities. Alternatively children and women are sometimes still living in the home known to the perpetrator, he may be imprisoned and due to be released. In order to make detailed risk assessments with the families it is useful to know what dangerous events are possible and likely in these contexts. Potential dangers are addressed more fully in the next chapter.

3. Effects of abuse on mother-child relationship, and on children directly

3.1 Effects of abuse on mother-child relationships

Any of the wide range of effects experienced by a woman subject to domestic abuse described above, can have a subsequent effect on her relationship with her children. Cleaver *et al* (2000), showed how parenting capacity is affected by domestic abuse, mental ill health and problem substance use, and linked these factors to effects according to children's developmental stages; this approach is discussed further in Chapter 3, Section 3.1 p.48. Humphreys *et al* (2006a) provide a list of sixteen threats to the mother-child relationship which they describe as "by no means exhaustive." (Humphreys *et al*, 2006a, p.54).

⁵ Women and children fleeing women abusers were not excluded from the study a priori. No detailed data were requested from the initial contacts who refused to participate, and none of the six families who agreed to participate fell into this category.

Some threats are a result of women's increased vulnerability in the various manifestations described above. Mental ill health, lack of a supportive partner, reluctance to seek help from supportive services, separation from family and friends; will all reduce a woman's ability to be confident and secure in a mothering role.

Being abusive to a mother is described by Bancroft and Silverman as a '*parenting decision*' on the part of the abuser (2002, p.189, emphasis in original). Men direct their attacks on women and children together; for example, hitting pregnant women. They also attack women when children are present; using sexual, belittling and abusive language, contradicting and undermining mothering decisions and practices, making jealous accusations and encouraging the children to join in. Raping a woman in front of her children is not uncommon (Humphreys *et al*, 2006a, p.55, citing Abrahams, 1994; and McGee, 2000).

Men's controlling behaviours may badly affect children's rights and needs within the family; this can include withholding food, undermining any emotional support they may receive from their mother or siblings, obstructing their play, their friendships, their opportunities outside the home, or their school work. Alternatively a man may pay particular attention to one or more favoured children and lavish material goods and attention on them in preference to their mother and/or siblings. An abuser may separate the woman from her children, emotionally and physically. He may prevent a mother from meeting her children's needs by prioritising his own needs and demands, or by preventing her from following an appropriate course of action through his threats. He may introduce alternative mothering; for example a child may be brought up by a grandmother or aunt against the mother's wishes. International abductions of children by their fathers are not infrequent (Humphreys *et al*, 2006a, p.56, citing Kilsby, 2001).

Men's attacks increase children's insecurity, and physical and behaviour problems such as bed-wetting or eating difficulties. All of these contribute to the difficulties a woman may have in caring for her children. If the children of the abused woman experience

difficulties in school, as they often do, it is the woman who is most likely to be subject to additional blaming and demands from professionals for her to rectify problems that are more properly attributable to her partner's abusive behaviours (Radford and Hester, 2006, pp.47, 60-61).

Most women want good relationships with their children and develop strong attachments with their children during the first year of life⁶. The quality of the mother-child attachment has been shown in many circumstances to provide a protective factor for the child (Schaffer, 1996, p.377). An attachment can be defined as a: "long-enduring, emotionally meaningful tie to a particular individual" (Schaffer, 1996, p.127). This tie, built on trust, is vulnerable if the mother is not available at times of distress and fear. In Chapter 3, Section 3.3, p.52, attachment theory is discussed in greater detail and a number of implications of the theory for women and children who have been caught up in domestic abuse are explained.

That women protect and support their children in a variety of ways is well understood and will be discussed in greater detail in the next chapter. However, a salient factor at this stage of the argument is the fact that women and children rarely talk together about the abuse they are living with, or have left. This issue has been observed by a number of researchers, for example, Mullender *et al*, (2002, pp.165-7). Humphreys *et al* (2006a) provide a useful summary of findings, stating that in two key studies: "less than one-third of children had talked about the domestic violence with their mothers prior to the research." (Humphreys *et al*, 2006a, p.57 citing McGee, 2000; and Mullender *et al*, 2002). The evidence also shows that children often know more than their mothers think they know (Humphreys, 2000, p.2).

However, children may not want to break the silence; perhaps they lack the skills to address a difficult subject, they may feel guilty, they may not want to upset their

⁶ For a minority of women forming a strong attachment with the child of rape, or of an abusive father, proves difficult. (Radford and Hester, 2006, p.32)

mother and are aware that their conversation, if overheard by, or reported to, the abuser could attract further 'punishment'. Children may just feel confused and perplexed, unable to help, frightened at their mother's vulnerability as well as their own. They may not want to worry their mother with their fears of being taken into care or killed.

Mothers may not know where to begin; they are unclear about what their children know and may not be sure of what would help or harm the child. They also will be feeling guilty, remorseful, or sad about the situation, and unwilling to bring up more emotional disturbance that could unsettle the family further.

3.2 Direct effects of domestic abuse on children

Quantitative studies in this field over at least two decades have resulted in only modest claims. In spite of many flaws in the literature, there is evidence of: "a small to moderate effect of exposure on negative outcomes." (Fowler and Chanmugam, 2007, p.342). Direct abuse of the child in addition to domestic violence increases risk of negative outcomes (Wolfe *et al*, 2003, Abstract.). Other research identifies possible mechanisms to link the exposure to domestic abuse in isolation, with emotional and behavioural problems. For example, Van den Bergh *et al* (2004, Abstract) show links between maternal stress during pregnancy and long lasting impacts on the foetal brain.

However, qualitative research on women and children who have left abusive situations, and have experienced support from refuge or community-based domestic abuse services, is more relevant for the current study. Such research in the United Kingdom has evidenced a wide range of direct effects on children of the abuse, and as described above, their relationship with their mothers may be key to understanding some of the impact of these effects. Qualitative studies confirm that the child's exposure to abuse can start before birth, for example Radford and Hester (2006, p.30) found around half of their interviewees had experienced abuse in pregnancy. Some children may know

(or may remember) nothing of the abuse apart from information picked up incidentally, perhaps over a period of years through short phrases or snippets overheard from conversations. At the other extreme a child may have been coerced by the abuser to participate in woman abuse.

3.2.1 Physical and sexual attacks on the child

Cunningham and Baker (2004) describe how sometimes the existence of direct abuse of children is missed, even where domestic abuse has been identified: “As a young participant in one of our previous studies challenged, “aren’t you going to ask about when he hit *me*?” ” (Cunningham and Baker, 2004, p.5).

Women may be physically assaulted while holding a child, or while protecting a child, and be unable to protect the child from injury. It has long been understood that children’s behaviour is often the cause of disputes between parents (Straus *et al*, 1980, cited in Jaffe *et al*, 1990, pp.17-8), and in these instances the child may be physically punished, with the woman intervening to divert a man’s rage (Radford and Hester, 2006, p.64). Sometimes women punish the child themselves in order to pre-empt a man’s worse punishments. A high percentage of childhood sexual abuse is perpetrated by men who also abuse the child’s mother.

3.2.2 Emotional effects on the child

Children experience a range of emotions connected with abuse of their mothers. Among the most common are fear, guilt, anxiety, shame and sadness. Children are likely to fear harm to themselves, their siblings and their mother. As their actions are often triggers for the abuse, they also frequently experience guilt; this is common when children are unable to understand remote causes and their effects. The irrational way in which punishments are meted out may add to children’s insecurity, since the mother may be blamed for things that are not her fault and the children themselves may be involved in ‘punishing’ her (Radford and Hester, 2006, p.32). Children are often attached to their fathers. Peled (2000, p.27) comments: “Their mothers’ pain and

suffering may have raised children's empathy and anger at the abuser, but siding with the person who had the power and control in the family was attractive as well." (Peled, 2000, p.27). These conflicting emotions are common, and can lead to confusion and disrupted belief systems even in children as young as two or three years old (Radford and Hester, 2006, p.33).

3.2.3 Impact on children's behaviours

Children growing up with a model of how to abuse, and how to get your own way through abuse, will have also gained an increasing understanding that the use of abusive actions can meet their own selfish ends; they may try out this learning on siblings, pets, their mother or their peers. Their anger and resentment of the abuser, may be inflicted on others who are more vulnerable than them. In addition they will have been acclimatised to the acceptability of violent responses. Children who have been victims of men's power and control themselves, as well as witnessing and being unable to prevent abuse of their mothers, may experience a strong desire to become powerful themselves; Radford and Hester (2006, p.73) report a teacher's description of a child who: "likes to control other children... to have to sort of be in charge"

Children's difficult behaviours may occur particularly in school where the types of punishments they are likely to incur are relatively innocuous compared to the distressing behaviours experienced in their homes. However, behavioural problems in the home are also frequently reported (Radford and Hester p.69) and may be in part due to the undermining of a woman's authority, or her lack of energy and interest in the children due to depression, suicidal feelings, post-traumatic stress symptoms or physical ill-health.

3.2.4 Effects on children's understanding, beliefs, and values

Early experience of domestic abuse can undermine children's trust of adults, and other people generally; some children start to believe that no-one cares for them. Children are also observing at first hand, and hearing asserted, beliefs about what it means to be

a 'real' boy or man, a 'sexy' or 'good' woman, and also, perhaps more importantly they may be getting negative messages about themselves or their mothers as 'wimp', 'pansy' 'useless' and far worse demeaning epithets. Bancroft and Silverman (2002, p.50) describe the effect thus: "We find negative attitudes towards females rampant in both sons and daughters exposed to domestic violence... [even in children] whose mothers most courageously and forcefully resist the abuse". These beliefs may be coupled with sexist beliefs about female and male roles, with men's violence against women seen as a 'natural' phenomenon. These views are common even in general samples of the child population; Mullender *et al*, (2002, p.70) found that 34% of boys and a fifth of girls surveyed agreed that: "some women deserve to be hit"⁷. Children sometimes struggle with the ambivalence between their belief that violence and being hurtful are wrong, and their relationship with the abusive man (Peled, 2000, p.27). Children whose home lives are dominated by the abuse, may lack understanding of democratic and mutually respectful lifestyles. Anger, disrespectful and undermining behaviours may be embedded in their belief systems as the norm.

Children's resilience in the face of the domestic abuse they live through may depend in the long term on their ability to work through these contradictory beliefs and resolve them into a new credo. Children who have lived through domestic abuse often identify their mother as their prime support; however, there are additional factors that have been identified as protective of children. The child's cognitive abilities will assist; for example through being able to understand and rationalise, write, or explain to others what it is or was like. A second factor that can help is a child's social network of siblings, friends, relatives, and supportive professionals; if these people prove trustworthy they can make a difference to the child's long-term experience.

However, the main conclusion to be drawn is that protective factors for the child are particularly dependent on mother, especially the quality of the attachment between the

⁷ Based on a questionnaire completed by a large sample of secondary school pupils aged 11-16.

mother and the child; to be discussed further in Chapter 3 Section 3.3. Women can develop and enjoy their parenting role in so far as they are able to access support and encouragement in it; and, after separation, if they can avoid further coercion.

4. Preventative, recuperative and educational work to support mothers and children who have left an abusive partner

The government has initiated new duties to ensure that local authorities work with other agencies to safeguard, and improve the well-being of victims of domestic abuse, including children (Local Government Association, April 2005, p.4). The Best Value Performance Indicator 225 imposed by the government on Local Authorities (ODPM, 2005/6) includes the requirement to make a domestic violence curriculum pack available to schools to enable preventative work. Concurrently schools are expected to respond to government exhortations to promote the 'wellbeing of all pupils' (DCSF, 2008); with guidance provided on the development of the whole child, for example in social and emotional competence (Weare and Gray, 2003), and in the Social and Emotional Aspects of Learning (SEAL) (DfES, 2005b; DCSF, 2009b)

4.1 Educational and recuperative work with children and their mothers.

Mullender (2001, pp.40-44) includes educational and recuperative work in her description of three stages of prevention work. Primary prevention is work in schools and youth settings to prevent young men and women: "from commencing, or tolerating, ...a pattern of domestic violence." (Mullender, 2001, p.40); secondary prevention is: "stopping the domestic violence as soon as any agency learns that it is happening and preventing its repeat against the same victim" (2001, p.43); and tertiary prevention is "reducing the harm to those who have lived with domestic violence by helping them to overcome and make sense of their experience" (2001, p.44). However, these three types of prevention may, in practice, often be required simultaneously.

Adults delivering ‘primary prevention’ activities, for example in schools, must always be aware that some children are likely to be living with concurrent abuse, and that others may have left an abusive situation. (Mullender, 2001, p.55) argues that action to address both secondary and tertiary prevention must be part of the planning and preparation, and prior to that, educators need training: “to raise awareness and develop appropriate responses” such as offering children advice and information, and undertaking risk assessments.

In a refuge, or community outreach situation, it is also the case that all three types of prevention work with children are required. ‘Reducing the harm’ through recuperative and re-educative work (tertiary prevention) needs to be coupled with primary and secondary prevention work. Children who have left abusive situations are also vulnerable to continuing or repeat victimisation, through contact with their fathers, or coming into contact with another abuser in their family, or in their own relationships. Support in recovery and making sense of their experience needs to be coupled with safety planning, and educative work about the potential for violence in their own future relationships.⁸ At its best such support will address the ‘conspiracy of silence’ and should help families to achieve the alternative patterns of family life that they may aspire to. This will usually require, as a minimum, support from a concerned and attentive individual who is able to listen and respond empathetically. To help children to make sense of their experience adds a cognitive dimension, which can be provided through opportunities to reflect on behaviours, beliefs and values that were apparent in the abusive situation.

Therapeutic and educational interventions seek to bring a change in the functioning of individuals or groups; in this study the assumption made was that the women and children want to improve their relationship. Dilts (1990) argues that personal change,

⁸ However, they are also their own experts in the nature of abuse, and have ideas and advice for practitioners and peers alike about policy and practice matters; see for example the ‘Listen Louder Campaign’ (Scottish Government Website)

in order to be effective, requires congruence between an individual's values, beliefs, knowledge and understanding, skills and behaviours. According to this view it makes no sense to use a behavioural intervention without also addressing beliefs that the subject may hold that reinforce the 'unwanted' behaviours; and ensuring that the necessary knowledge, understanding and skills are present to support the changes desired by the participants. As domestic abuse creates an emotionally negative home environment, reversing this effect is a key factor in creating the positive emotions in children that promote recovery (Izard, 2002, p.800). The intervention itself should provide a positive emotional tone to support this reversal.

4.2 Therapeutic and educational approaches that can be used to develop mother-child communication

4.2.1 Approaches used in refuges and other domestic abuse projects

The child's support in terms of their future protection from and resilience to abuse, and recovery from the effects of abuse, comes pre-eminently from their mother. Supporting mother-child attachment is likely to increase the well-being of both mother and child and may also have a role in promoting positive attachments later in life when children reach the stage of forming their own adolescent and later partner relationships. The outsider supporting the child must therefore pay particular attention to supporting the relationship and communication between mothers and children. Mullender's guidance to professionals working in this role draws on existing practice and recognises as good practice the fact that: "[t]hese interventions are often conducted in parallel with support work with the mother." (2004, p.1).

A flexible parenting programme designed for refuges is 'Helping Children Thrive', developed in Ontario, Canada (Baker and Cunningham, 2004). It is designed to help women to support their own children through a well thought-through and consistent parenting resource which allows for: "guided self-study", work "with the support of an

advocate”, or for “a group-based parenting program” (2004, p.3). It uses the child’s developmental stage, and draws on the Duluth wheel models of ‘power and control’, ‘child abuse’ and ‘child nurture’ (Duluth website). However, as Abrahams (2007) comments, although her women informants were positive about the advice they received in the area of parenting:

[I]t must be remembered that parenting is an extremely sensitive area... it is possible... that women who took a different approach to that of the refuge would not have stayed in this environment long, or might have not been willing to be interviewed (Abrahams, 2007, p.73, note 11).

A further resource developed in London, Ontario, is a long established community-based group-work programme for mothers and children together (Sudermann *et al*, 2000, p.127). This was adopted by the London Borough of Sutton and is recognised as good practice (Audit Commission, 2007). It is this model that is currently used by Sheffield’s Step by Step Project which provided the sample for this study.⁹

An Islington-based consortium has recently created a project entitled ‘Let’s Talk’, using art work to encourage communication between children aged 10-13 and their families (All Change *et al*, 2008, publicity report). Group work and individual family support work, coupled with worker-supported activities using a ‘toolkit’ and workshops have helped families to communicate more about the experience of domestic abuse (All Change *et al*, 2008, publicity report).

4.2.2 ‘Talking to My Mum’

The starting point for the ‘Talking to my Mum’ project was the: “recognition of blocks on mother–child communication.” Humphreys *et al*, 2006a, p.58. First findings suggest that the activities developed with refuges over a four-year period help to:

build self esteem, focus on the relationship between mothers and their children, and provide opportunities to talk about feelings and experiences from the past that may be continuing to create problems and concerns in children’s lives. (Humphreys *et al*, 2006a, pp.58-9)

⁹ Only the last three families sampled had been through this programme, the other three experienced a different curriculum.

The materials have been much appreciated by many refuge workers and residents, and in my experience, active support from a worker enhanced the experience of success and satisfaction, for example when a woman lacked the resilience to deal with sensitive questions and accusations from her children. The guidance recognises that for most refuge families, this worker involvement will be necessary (Humphreys *et al*, 2006a, p.60). Getting the timing right is also important; on arrival at a refuge women often go through a period of confusion and distress, this can be followed by a move towards feeling: “safety, trust and empowerment” (Abrahams, 2007, pp.34-49) which may be a better time to start work with mother and child together. However, starting work on the materials just before leaving the refuge, or during the resettlement period can be hampered by the shortage of time, energy and money for moving into a new home. For some the worksheet format has felt too close to a ‘school’ activity (Humphreys *et al*, 2006a, p.60). A possible solution to this is a group-work approach with the women, followed by ‘take home’ use of the Talking to my Mum sheets (Humphreys *et al* 2006a, p.13).

4.2.3 Patterns of support for mother-child communication

Group work in refuges can be hampered by factors such as the small number of women on site, the varying age of their children, and the frequent turnover of families; community-based group-work projects also suffer from low numbers, and may need to provide childcare, transport and refreshments at additional cost. The evidence from using the ‘Talking to My Mum’ materials and discussing the process and outcomes with workers and residents in our refuge suggested other circumstances where either women’s or children’s workers could support mother-child dyads¹⁰, and we drew together ideas about how best to develop such work.

If one takes the locus of the mother-child relationship as the point of intervention, support from a worker could be provided in various ways. Many activities, such as

¹⁰ Part of the intention was to get all workers involved in joint work with mother-child dyads or family groups.

parenting education, counselling and play therapy have been developed into parent and child versions. For example, parenting advice can be initiated, or followed up, with joint activities where a practitioner works with the mother and child together and demonstrates, encourages and supports interaction within the dyad. Such joint support activities were seen to have benefits in many cases.

I found little evidence or advice available on the use of this 'professional with dyad' approach in domestic abuse contexts, so I sought out evidence from other fields of work. However, even from contexts such as schools and social work there was very little recorded evidence available of research into three-way meetings between a parent, a child and a practitioner. Therefore I devised a brief pilot which elicited and analysed five professionals' views on communication with parents and children in three-way meetings. The findings informed professional practice in the refuge and the development of the intervention described here (see Appendix 1).

It was obvious from the current policy and practice context that what was needed was a short-term intervention that professionals in a range of agencies could adopt relatively quickly, in order to provide the support that many women and children need after leaving an abusive man. Key professionals for this purpose could be based in schools, in domestic abuse, health or family support settings. Such an approach could provide an alternative to the 'Talking to my Mum' materials for families where a short term intervention, suitable beyond the refuge context, could be useful.

4.2.4 Family Learning

Historically, by the early nineteen eighties, nursery and primary schools were observing that parents could be encouraged to help their children given the right materials, encouragement and skills. The activities and publications of Thompson (1970), Berg (1977), Tizard *et al* (1983), and Topping (1985) among others, led to an emphasis in many schools on family learning to involve all parents in literacy work with their children (Topping and Wolfendale, 1995). This utilised parents' aspirations

for their children's educational attainment, and their willingness to develop their own skills alongside their children. My involvement, as a primary headteacher, during that period was to create and pilot a scheme to develop parents' own literacy skills in tandem with their children. This was part of the Adult Literacy and Basic Skills Unit Family Literacy Programme (ALBSU, 1993) that contributed to a widening pattern, which now includes early language development and numeracy (Brooks *et al*, 2008, pp.22-7). Since 2007 the Big Lottery Fund has provided funding for programmes that emphasise wider aspects of family learning with outcomes that emphasise interpersonal skills within the family. These skills include increasing confidence, enhancing positive interaction between parents and children, and enabling effective communication so that parents are able to support children in their learning (Big Lottery website, 2007: Card 3 – Projects and their outcomes).

NIACE also promotes a broader view of learning, including some: “examples of learning in emotional literacy and communication and drugs awareness” (NIACE, 2003). More recently some schools who operate the ‘*Social and Emotional Aspects of Learning*’ (DfES, 2005) programme for groups or classes of children, have also provided ‘*Family SEAL*’ (DfES, 2006), which involves groups of parents learning about the programme and discussing how they can be involved to support their child.¹¹

In this study, family learning offered a focus for support that was educational and avoided behaviour and parenting as main topics of communication, in order to reduce suspicion and minimise blame¹². However, using communication about the abuse, and enabling the family to control the content of their own narrative, provided acknowledgement of the emotional and social effects of the abuse, without the questioning or intrusion that so easily can imply blame.

¹¹ This is a package that with some adaptations could be used in refuges.

¹² Play is another blame-free zone for engaging families without eliciting feelings of guilt.

5. The Narrative Intervention: why ‘A Tale That Can Be Told’?

5.1 Criteria adopted for the intervention

In the light of the issues and factors discussed in this chapter the design of the intervention was based on the following criteria. The theoretical base for the intervention is feminist; the purpose of the intervention is to empower women and children and the focus of the intervention is the abuse of women, both aspects that are central to feminist thinking. The intervention was designed to be manageable by a single professional working with a family; this increases the likelihood of small organisations being able to implement the practice. It was also designed to be of wide applicability; very few pre-intervention assessment criteria need to be applied, the woman and child must both want to participate, must be able to attend three sessions of around an hour, and must be living in relative safety from abuse. The intervention had to provide the opportunity for the professional to correct misconceptions, and support increased knowledge and understanding of patterns of abuse and ways of increasing safety. *‘The Tale That Can Be Told’* is designed to be effective in the sense described by Cunningham and Baker (2004, p.23); that is, an approach that: “can work when implemented in the “real world” with typical funding levels and independent of the program’s developer”. In addition, learning within the family is seen as supporting the social and emotional well-being of both children and women. The conversational turn-taking provides natural opportunities for the child to take a leading role during parts of the interaction. Plans ensure that the sessions are fun and attractive to the child, with child-friendly support materials available.

As a result of applying these criteria and applying further findings from the research literature as discussed in Chapter 3, *‘The Tale That Can Be Told’* was used as an

intervention with six families. The form of the intervention implemented is fully described in Chapter 4, Section 6 (p.97).

5.2 Rationale for exploring a narrative approach

The purpose of the narrative sessions is to develop, with the mothers and children together, accounts that they are both comfortable with and which they can adapt and use in a variety of situations. The process aims to enable the mother to come to terms with what the child already knows and has experienced, and to enable her to pass on information to help the child to situate previous knowledge and understanding into a fuller picture of the events that occurred and the situation that existed. Helping the mother and child to negotiate the future possible uses of the narrative is also important.

The power of narrative lies in its qualities as a carrier of explanatory, emotional, and reflective potential. In recounting experience, motives and causes tend to become clearer, and every account holds some kind of emotional charge. In producing a narrative, even in the absence of an audience, there is a process of selecting, reworking and commenting on events that is in itself likely to make those events more available for further reflection. An external audience for the narrative provides an additional perspective; what will this person think or feel when they hear or read what I have to say?

The invitation to tell a story is a significant event in its own right, and immediately sets a process in motion. The messages are that someone is interested and wants to hear from me, that someone values what I have to say, and in the case of an invitation to tell about self, that my life is important to this person. There will also be emotional responses to such an invitation such as joy, anxiety, excitement or trepidation.

Even with their mothers' approval, children may have concerns about talking. They may be worried about on-going contact visits, about the abuser finding out, about their own inability to keep things secret from him, or about others who may let out the secret (for example mother, sibling, or grandparents). The risk assessment process addresses these concerns and the presence of the mother should reassure children that they can speak out, and that they will be supported through the emotional consequences.

One of the interesting facets of stories is their ability to take on subtleties and nuances in sequential retellings. Where a story is jointly constructed, as in this study, there is the added dimension of slight (or perhaps greater) variations of perspective and evaluation of events, causes, and reasons. Autobiographical stories usually involve a highly significant process of selecting material. Martin (1998, p.3) was aware of her participants' experience as care leavers; they knew that accounts, over which they had little control, were written about them by carers and social workers. To address this, she talked through with them the role of the narrator as "absolute boss" in the choices they might want to make in telling their stories (Martin, 1998, pp.5-6). The role of facilitator of a dyad producing a joint account is more complex. Here there is no 'absolute boss'; the end products will inevitably bear the imprint of all three parties to the negotiations. However, part of the benefit of the narrative approach is that it provides a structure that is open ended and largely in the control of the participants. It has the potential for engaging both mother and child in a conversation that emphasises the contribution of the dyad, rather than the professional's judgements or advice. The material belongs to the child and woman, and their commentary and evaluation of the evolving story is privileged. The role of the professional is minimal, and focused on prompting and supporting rather than intruding or making demands. The intended outcome is clear from the start but relies on a process that can be fluid, interrupted and reflexive, in the sense of enabling the text to be revisited for amendment or further elaboration. The dyad can incorporate their concerns into the account, while the professional retains the possibility of clarifying points where additional information may enhance an outsider's understanding.

The language of the narrative is that of the mother and child, which should maximise its accessibility to the child, and should encourage active listening and reflection between parent and child. Narrative is understood to be a primary form of communication that develops between mothers and their babies from birth starting with the earliest interchanges that accompany actions. It is highly likely that all the mother-child dyads have some long-held and very positive experience of this aspect of their relationship. The narrative will also assist children and women to develop a common language for naming and discussing domestic abuse. The pattern of satisfying communication with the mother, turn-taking, listening and responding to each other, can be elicited in the 'artificial' social context of telling an outsider your life story or episodes from it. Finally, the breaking of the 'conspiracy of silence' is more likely in the presence of a third party, an 'audience', who is there to listen, to hear, to be convinced, and to understand the experience that the two participants are narrating. Ideally, the satisfying pattern of communication about concerns will be part of a continually evolving process, having its own life beyond the end of the intervention.

In the light of these features of narrative and the ways in which it can be used, the use of narrative to support the children and their mothers was seen as worthy of full exploration in this study.

5.3 Research Aim, Objectives and Questions

In this chapter I have drawn together the implications for women and children of the use of coercion and violence in close family relationships. The understanding that emerges is that abuse destroys and threatens bonds of attachment, often leaving women and children unable to trust individuals with whom they have developed strong ties. For children this breakdown of trust early in life, if not repaired, can have serious implications for their future relationships. The high numbers of women and children suffering from the effects of domestic abuse, and the nature of those effects, together pose a challenge to the aspirations expressed by government and other national agencies to ensure the well-being of all children.

The vulnerability that precedes or results from domestic abuse, and the multiple ways it is expressed in women's and children's lives, is the context within which the problem identified here exists; namely, the lack of communication between mothers and their children. Children's well-being is very much dependent on the mother-child relationship and the mother's ability to attend to and protect her children. This relationship itself is attacked by men's abuse, even separation does not necessarily stop on-going problems, and recuperative efforts may proceed against a background of continuing abuse.

Use and consideration of interventions currently in use in the United Kingdom led to an analysis of the advantages of using the mother-child dyad as the focus. A pilot study sought reflective contributions from professionals and incorporated them into an analysis of how three-way interviews could be most effective (Appendix 1). Family Learning was seen as an approach that could provide mother and child with a space within which events and relationships could be brought into reflective awareness. A narrative approach provides a significant contribution to this aim.

Creating this space, through an initial invitation and the adoption of empowering attitudes and behaviour, to enable the mother and child to open up their own narrative account of abuse, is expected to provide benefits that will continue beyond the duration of the intervention.

The aim, objectives, and questions to be asked in the study were developed around these perspectives.

The main aim of the research was to explore a family learning activity to support social and emotional well-being, in the form of joint development of family narrative in mother-child dyads, facilitated by a professional.

The objectives were as follows.

- A* To explore different participant responses to the process and the implications of these for professional practice.
- B* To explore how far, and in what ways professional intervention appears to facilitate or hamper the process.
- C* To consider how far, and in what ways the activity can be adapted to other professional circumstances and can enhance professional understanding.
- D* To develop a model that elucidates some of the contributing factors and constraints inherent in the family learning approach of negotiated autobiography.

Twelve further questions were derived from the aim and objectives.

1. How can the experience of jointly producing family narrative with professional support help women and children who have experienced domestic abuse?
2. Would women and children aged 7 to 12 engage with the intervention?
3. Would women and children successfully negotiate narratives that are acceptable to both?
4. Would such an approach contribute to communication between mothers and their children?

5. Would it enable emotional communication between mothers and their children?
6. Would it build confidence and communication with extended family members, friends and other potentially supportive professionals?
7. Would it enhance professional understanding of an area of life experience?
8. How appropriate is a family narrative process as a learning activity for mother-child dyads?
9. How will women and children respond to the process and the role of the professional within it?
10. How will the women and children continue dialogue around the narrative issue beyond the intervention situation?
11. How, and to what extent, will they be able to use the narratives they create with others?
12. How, and to what extent, can professional intervention support the learning?

In the next chapter I describe theoretical explorations of literature needed to ensure that these questions could be answered adequately with reference to the existing literature that is of relevance to the intervention itself, and to the study.

Chapter 3: Theoretical Frameworks for the Study

Women who have experienced domestic abuse, depending on their circumstances, are eligible for rehousing, specialist domestic abuse family support, tenancy support, refuge, independent advocacy, victim support, and fast-track courts; and some children's work is available in certain areas. However, as seen in the previous chapter, there are few specialist children's services, and many disincentives and barriers that women have to overcome in order to access help for themselves and their children.

Given the large numbers of children who never access a specialist domestic abuse service, and the significant social, emotional and physical dangers they face, there is a call for all children's services to be alert for, identify and support children experiencing domestic abuse in their homes. Preventative awareness-raising work should be the norm for all children, and recuperative support should be available for those directly affected. A brief intervention was sought to complement existing programmes that aid children's recovery from the effects of domestic abuse. It was regarded as important to incorporate therapeutic and cognitive dimensions, and to ensure that professionals from a range of disciplines could understand, implement and evaluate the approach adopted.

A key problem identified here is that women and children who have left an abusive situation may find it hard to communicate with each other about the abuse. This is likely to be a contributory factor in the difficulties that children demonstrate as evidenced in the research. Practitioner encouragement should help to tackle the: “‘elephant in the living room’ – obvious to everybody but everyone also pretending that it is not there” (Humphreys *et al*, 2006b, p.15); and thus help recovery, and support social and emotional well-being. There were good a priori reasons to look at narrative as a possibility and this was the approach adopted. The literature reviewed here provides ground-rules for an effective intervention and possible pre-conditions for success.

1. Introduction

The purpose of this literature review is to situate the intellectual challenge identified, and the research aim, objectives and questions within the context of relevant research findings and theoretical perspectives. The main intellectual problem being explored, namely how professionals might best support communication about domestic abuse between mothers and their children, led to a number of questions for which answers were sought in the existing literature. The questions are ‘what is the nature of mother-child communication?’ and ‘what constitutes support in this context (or more generally in socio-educational interventions)?’ The solution adopted to address the problem, was a family learning approach to support social and emotional well-being through dyadic production of narratives of domestic abuse. This solution raised further theoretical and practical questions. ‘How can social and emotional well-being be supported?’ ‘what is the nature of family learning?’ and ‘what benefits does narrative work offer in this context?’

In the process of examining relevant literature a key issue is to ensure the consistency and coherence of the intervention proposed, the research methodology and the analytical process. The review thus involved a process of careful searching, reading and analysis together with reflection on the reasons for undertaking the study and its potential implications for future professional practice and further research.

A wide range of literature in related fields is available, much of which could prove relevant to the intervention process, or the research process or both. However, within the limited time available, it was important to establish priorities which attended to the sociological nature of the subject matter as well as to aspects pertaining to the detailed socio-emotional communication with the families studied. This literature is reviewed in the following five sections:

Firstly, in order to situate other strands of literature, I discuss two theories that derive from socio-historical analyses. The socio-historical perspective is important, because an intervention at the individual or family level always has the potential of becoming focused too closely on psychological factors and losing sight of the broader social, economic and environmental dimensions that constrain individual functioning. Rose's (1999) work on 'governing the family' through 'psy', and feminism, in different ways, identify a wider range of factors that impinge on women and children who have lived with domestic abuse. Historical ontology was adopted by Nikolas Rose from Foucault, and is described as: "a certain modest philosophical and pragmatic work on ourselves... as beings simultaneously constrained and obligated to free" (Rabinow and Rose, 1994, p.xxxii). Feminism is itself firmly linked with the idea of freedom, the liberation of women from oppression, and concerns about inequality. This description characterises a key aspect of feminism; that of the combination of theory with politics, of ideas with action (see, for example Halsey, 2004, p.128).

Secondly, I address the ecological and developmental theories that contribute to, and constrain, many aspects of current practice with children and families. I go on to describe how social and emotional well-being emerges in babyhood mainly through mother-child interaction. Attachment theory is shown to have significance for women and children who have been through domestic abuse, and implications for the intervention are described. Thirdly, I explain how abusive men attack the social and emotional well-being of women and children, and identify aspects of children's experience that may be constrained in joint work with their mothers. The ability of some women to make certain choices within their abusive relationships to support their own and their children's well-being are described. Alternative constructions of the nature of domestic abuse are shown to have implications for appropriate responses to women and children affected. Fourthly, I describe how family learning as an educational approach can improve social and emotional well-being within the family. Finally, the relevance of narrative as an intervention is further explored.

2. Two historical theories structuring the field of intervention in families.

2.1 Governing the family through 'psy': the work of Nikolas Rose

'Simultaneously constrained and obligated to be free' (see p.40) describes the situation that most abused mothers find themselves in. As pregnant women and mothers they are expected by midwives, doctors, health visitors and later nurseries and schools, to control and manage the lives of their children within societal expectations and may find themselves blamed for any deviations. Rose's work helps to explain how this situation has developed historically. In *Governing the Soul* (1999, p.viii) he draws on Foucault's: "approach to the historicity of knowledge" to show how certain social developments have made it easier to intervene in individuals' lives, and indeed the lives of whole families and communities. He argues that psychological expertise, 'psy': "makes it possible to govern subjects.... in ways that appear to be based, not on arbitrary authority, but on the real nature of humans as psychological subjects." (1999, p.vii). Change in society not only affects how lives are controlled and managed, but changes the way in which 'self' is experienced. New patterns of intervention, by health, education and social care authorities, have changed the way in which childhood, parenting and learning are understood. The 'technologies of intervention' include judgements such as assessments and diagnoses, and: "larger assemblages such as schooling or health visiting" (Rose, 1999, p.xi). In addition to multiple interventions to keep children safe, and ensure that they are educated, there have been: "a panoply of programmes... to conserve and shape children by moulding the petty details of the domestic, conjugal and sexual lives of their parents." (Rose, 1999, p.123). Rose argues that these patterns of intervention at all levels of society, increase the likelihood of each individual taking on the effects of regulation and being shaped by them (1999, p.viii). Each individual is expected to make decisions, which are: "made intelligible to the self and others in terms of the unique but universal search to find meaning and satisfaction in the construction of a life for oneself." (Rose, 1999, p.231). For abused mothers, the

question ‘why doesn’t she leave?’ characterises the demand made on women to meet higher societal standards for the appropriate care of children.

2.2 Feminism

The characterisation of feminism as a political and theoretical perspective (above p.40) has “many nuances of meaning” (Mendus, 1995, p.270) sometimes described as ‘numerous *feminisms*’ contributing to an overall feminism (see for example, Tong, 1995, pp.1-9). Much debate around feminism hinges on the terms ‘equality’ and ‘difference’. Female and male can be seen as equal within the discourse of human rights for all individuals; but some feminists argue that this discourse, primarily developed by white men and for white men¹³, marginalizes women and ignores differences between the sexes. However, later developments in theories of ‘rights’ identify both process and outcomes as important, in that freedom to achieve one’s rights is a necessary pre-condition for those who lack those rights. For example, Fraser (2000, p.87) argues for the principle of participatory parity as being both an outcome and a process.

Freire (1996, pp.32-3) argues that: “reflection and action upon the world in order to transform it” must take place simultaneously. He also (1996, contents page) describes liberation as: “not a gift, not a self-achievement, but a mutual process”, that is a process shared by the oppressed and by those who are not oppressed. This would suggest that men have a role to play in the liberation of women. However, the extent to which this can occur depends upon men’s ability to recognise and reflect on their own power and to identify with women’s claims. A number of men cited in this thesis claim to be feminists, and the evidence I have suggests that they are indeed actively seeking to understand the effects of male power and endeavouring to reduce male violence.

¹³ Angela Davis (1981) describes the struggles between different constituencies – for example women/men, black/white – in her telling account of the political history of democracy and enfranchisement in North America.

However, other male writers claim to know what is best for women, without giving an account of how their judgements have been informed by women's experiences. For example, for feminists the dimension of gender is needed to translate Rose's perspective into a picture that becomes meaningful for women. Many of what Rose calls the: "petty details of the domestic, conjugal and sexual lives" of the participants in this study, for example the threats, control and abuse meted out by men, have not been successfully moulded for the benefit of the women themselves or of their children. Interventions in fathering have been neglected, even where there are societal concerns about children who are forced to have contact with an abusive father (Peled, 2000, p.32-3). The families studied here wanted to change the male abusers, 'why doesn't he change?' but services were rarely directed toward this end, perhaps due to the complex implications, particularly if the men concerned are vulnerable and/or violent (Featherstone, 2004, ch.7). Psychoanalytical approaches have highlighted 'ambivalence' as an important feature of mothers' experience; mothers are understood to both love and hate their children (Parker, 1997, pp.17-36). There are concerns that men may feel even greater conflicts in the emotional demands they face (Featherstone, 2004, p.150; Frosh, 1997, pp.37-53). Men's affective issues need to be addressed, not least for the well-being of the children they father. Radford and Hester (2006, pp.87-98) provide a number of examples of how the parenting decisions of abusive men are rarely called to account, whereas women seeking to assert their own and their children's rights are often subjected to significant questioning of their motives and their mental health.

Feminist analyses are particularly important to this study for a number of reasons. Firstly, many refuges and other services for women fleeing domestic abuse exist largely as a result of feminist and pro-feminist action to create places and practices that increase women's safety from male violence. Refuge residents and other service users may not recognise the feminist thinking that underlies the provision. However, they do understand that men are often able to dominate, control, and abuse women and

children. Specialist domestic abuse services help children and mothers to deal with the effects of domestic abuse on children in many ways, for example through discussing the way in which the relationships between children and mothers have been affected in the abusive situation, and exploring ways in which support can be offered. This study makes an original contribution that is very pertinent to the role of these specialist services. It also offers a possible approach for workers in mainstream services to use in providing direct support to children and women who have experienced domestic abuse, while at the same time informing themselves and acquiring greater understanding of the nature of domestic abuse and its impacts.

Secondly, feminism contributes female voices to accounts of women's and children's lives. In her work on the psychology and sociology of childrearing, Ribbens shows how, in the past, women's views about key issues relating to childrearing in their lives have been ignored; and she explores the meanings women themselves attach to childcare practices. (Ribbens, 1994, pp.22-3 and 37-8). She contrasts these with the "professional/expert agenda or prescriptions, which have largely been developed by white middle class men" (Ribbens, 1994, p.34). Rose certainly fits into this latter category, and Hoghughi's (2004, pp.4-5) list of the principal researchers who have made: "major conceptual contributions" and are still informing debates in the area of parenting, also confirms this view. However, the pattern may be changing; for example, in the book edited by Hoghughi and Long (2004, pp.vii-xii), over two thirds of the contributors are women¹⁴. In her feminist review of family support Featherstone (2004) argues that care is needed in the use of language and unpicking of discourses around the family and childcare. Like Ribbens she argues that the detail of actual practice in family contexts should be understood using the engagement of women and children in defining its meanings (Featherstone, 2004, pp.9-13). Engaging women and children in the ways suggested by this study should contribute to improvements in

¹⁴ The use of only initials, rather than first names of authors, in referencing systems, while it may be intended to promote sex equality, also hampers the process of assessing possible gender bias in the literature. For this reason I have included first names where available in my references.

practice, through direct advice to professionals and through professional consideration of the detail provided by the dyads.

Thirdly, feminism, according to Humm (1992, p.1): “depends on the premise that women can consciously and collectively change their collective place”. This suggests that education, by increasing explicit knowledge and understanding, is central to enabling the action necessary to change society in ways that value and benefit women. Feminists seek equality through demonstrating and addressing power relations in the social world that are structured by sex and gender; and also, as Gilligan maintains (1982, pp.220-2) through women exploring and changing their own lives, and those of their children, claiming the ethics of care as an essential complement to the ethic of equality (1982, p.220). The detailed exploration of the lives of women, boys and girls as they are lived, which was undertaken in this study, is intended to increase knowledge and understanding about domestic abuse, its effects and possible solutions.

Many thoughtful professionals in education, social care and related fields have adopted the idea of ‘constructing a life for themselves’ (Rose, 1999, p.231 – See above p.41) and have applied it in their work with children and adults. This may involve using available theories of politics, society and psychology not only to place oneself and one’s work, but also to develop a better understanding of the opportunities available to one’s clients to engage in a similar process individually and collectively. For the women participating in this study the possibility of the meaningful and satisfying ‘construction of a life’ for themselves is, or has been, obstructed. The actions of an abusive and controlling man remove at least some of the freedoms that enable a woman to co-construct a life for herself and her child.

Feminist research, often carried out in multi-disciplinary teams, has been influential in the domestic abuse field. Characteristic of much of this feminist research is its long-standing association with practical action and political lobbying (Skinner et al, 2005,

pp.1-5). Feminists who lobby for changes in government policy, are often at the same time working locally and nationally to provide and develop services for women and children. Practitioner-based centres and organisations have also made a significant contribution to research and theory, and to increasing understanding of domestic abuse (for example, see websites Women's Aid Federation of England (WAFE); Duluth, Minnesota). According to the WAFE website, the feminist Duluth Model is: "now widely used in domestic violence training within the United Kingdom". The wheel, which helps women to understand the nature of domestic abuse in their own and other women's lives: "was developed by battered women [sic] in Duluth who had been abused by their male partners and were attending women's education groups sponsored by the women's shelter." (Duluth website).

Feminists have been criticised for their failure to understand the 'gender-neutral' nature of domestic abuse, as uncovered in 'conflict tactics' research, for example (Dutton and Corvo, 2006). However, United Kingdom government data show a clear male on female prevalence (Kershaw *et al*, 2008, Table 2.01). Further discussion of this debate is provided in Section 4, pp.57-61.

3. The development and maintenance of well-being: psycho-social theories and their implications for intervention in mother-child relationships

3.1 The Ecology of Development

Theories at a societal or global level, such as those of Rose and the feminists discussed above, are important in establishing a secure base for a study. However, governments and non-government organisations surveying the field for policy and practice implications may attempt to reconcile research findings from different theoretical approaches, or will select pragmatically those perceived as likely to meet political goals. On the other hand, practitioners working with children and families are more

likely to be influenced by fairly clear research findings on topics of direct interest to their practice¹⁵.

Bronfenbrenner's (1979) ecological theory maps the influences on human development from high-level global and societal sources, down to factors at the individual level. Many writers have offered versions of Bronfenbrenner's model, for example using the terms 'ontogenic', originating in or impacting on the individual child; 'micro', factors relating to the family; 'exo', factors relating to the community and neighbourhood; and 'macro', factors operating at societal level (Moran *et al*, 2004, p.19). Bronfenbrenner's ecological framework influenced the British government's introduction of programmes such as Sure Start (Utting and Pugh, 2004, p.20-1), anti-social behaviour measures and 'On Track' (Moran *et al*, 2004, pp.129-130). In all of these programmes 'parenting' was adopted as a key point for government action within the eco-system, recognising the potential for community, family and individual effects. As fathers have been difficult to engage in these programmes, the professional focus on parenting is largely addressing what are seen as mothers' responsibilities.

Ecological theory is often used alongside developmental theory as an over-arching framework in understanding children's lives, for example by Aldgate *et al* (2006, pp.53-4). However, the theory also situates questions that may be less amenable than parenting to government-led solutions. In relation to domestic violence it might be asked 'how can a society so explicitly committed to protecting children fail to identify such a high proportion of those who have experienced domestic violence?' An alternative question might be 'how can generations of boys leave school thinking that violence is a normal part of being male¹⁶?'. And a 'Violence Against Women' campaign, might be better focussed in a 'Curbing Male Violence' campaign particularly given the high number of men and boys killed through male violence.

¹⁵ This is not to suggest that practitioners have no underpinning beliefs and values, rather that under pressure of work easily accessed and signposted findings are those most likely to be available and used.

¹⁶ A similar question was posed in the 'Violence Against Women' consultation initiated by the Home Office (March 2009, p.29).

The formal recognition of the ability of governments and others at the 'macro level' to contribute to the welfare of families through policy interventions is matched at 'lower' levels of the system by practitioners becoming clearer about some of the detail of children's experience of domestic abuse. Developmental levels, based on statistical information about children, are often used to classify the effects of abuse on children at different stages of their lives; for example by Cleaver *et al* (1999). Cunningham and Baker (2004, p.52) while using a similar approach, warn practitioners to be wary of applying these levels without good awareness of the individual they are supporting. Developmental psychology is used to predict and judge a child's functioning. However, Mullender *et al* (2002) warn that this approach marginalizes children: "as a source of information about their own lives, and too readily ignored in the design and delivery of policy and practice responses." (Mullender *et al*, 2002, p.3). Better decisions would include not only attention to the child's views but also those of the mother, and information derived through direct observation, particularly in the case of babies and toddlers. Theoretical developmental frameworks are nominal frames overlying complex continuous phenomena; they are useful guides, but may be culturally specific and used to judge rather than understand. A key issue in the use of these typologies is that there are multiple possible paths, through causal factors at different levels of the ecological system and their impact on different aspects of a child's functioning whether immediate, or delayed and resurfacing later in life.

The ecological and developmental causes and effects are further complicated by 'moderators' and 'mediators'; these are seen as helping to protect a child, or conversely making the impact of the experience of domestic abuse greater. Cunningham and Baker (2004, p.4) identify aspects of the family context as moderators, and children's attributions and coping strategies as mediators; with family support and child support respectively as the appropriate interventions. In the face of such complexity, the most that any individual practitioner can achieve, in advance of building a relationship with a child, is an awareness of the range of possibilities. In this study a range of risks were

expected, identified with the families concerned and given detailed attention during the intervention.

3.2 The development and maintenance of social and emotional well-being through mutual regulation and emotional responses between mother and child.

It was expected that the narrative family learning activity undertaken in this study with mother-child dyads would support the social and emotional well-being of the participants. In contrast with other related terms that stress personal (in)competence, the term social and emotional well-being recognises environmental effects that are beyond personal control (Weare and Gray, 2003, p.19-20). The definition of social and emotional well-being given above (p.6) includes a focus on a balance between positive feelings. The following section aims to elucidate how this state of positive emotion, combined and regulated into a balanced state of well-being, typically results from close interaction between mothers and their infants from birth.

3.2.1 Mutual Regulation of mother and child

Bronfenbrenner's ecological model identifies the ontogenic level with factors developing from within the child. Nevertheless, drawing a boundary according to this criterion is a difficult and tentative process. The way in which a child's genetic inheritance, intrauterine, and perinatal factors affect subsequent responses and development is usually referred to as temperament, which is the relatively stable general disposition of individuals (Schaffer, 1996, p.84). Positive and negative aspects of temperament are observable through children's emotional states, and can be regulated by carers.

Far from starting out as an antisocial being that must be coerced into sociability the infant begins life pre-adapted for social interaction. ... [F]ar from passive; from the earliest age they take an active part in their own upbringing. (Schaffer, 1996, p.234).

'Mutual regulation' implies activity to achieve what one desires from another, and that is clearly what a baby does from birth. The child's instinctive actions to achieve

warmth and nourishment and avoid pain, together with societal expectations acting on the mother, evoke the carer's response. Her behaviours, emotions and attitudes towards the child are a combination of instinctive actions and her prior socialisation. As the child achieves a greater understanding of norms and habits within and beyond the home, the child begins 'socialising' the mother by drawing on alternative perspectives to challenge or offer alternatives to the social context of the family. For example, Cunningham and Baker quote a 13 year old girl who described how (when she was under 12) she: "was always mad at" her mother for accepting flowers from her step-father after he had been violent: " 'cause I don't think he meant it." (Cunningham and Baker, 2004, p.80).

This understanding is important to the present study, as the mutual dependence within mother and child dyads is best understood in terms of the interaction between them from before birth. Ambert (2001) describes how: "[t]here is still a widespread tendency to assume that the direction of effect is from parents to children only" (Ambert, 2001, p.1) while demonstrating that: "many areas of parents' lives are affected by their children whether positively or negatively" (Ambert, 2001, p.6). In the intervention studied here, the child's attention to, support for, and influence on the mother are seen as central to the dynamics of the intervention. It is useful for practitioners to appreciate that this is typically an on-going life-long interaction for the child, albeit one that has been disrupted by abusive behaviour from a man¹⁷.

3.2.2 The role of emotions: recognition, response and regulation

Expressions of negative states are observable from birth; for example, through crying, facial expressions and strong reactions to pain (Izard *et al*, 1987, p.106). Stern (1977) describes how these states form detectable temporal patterns in signs of affects such as contentment, anger or disgust which come and go, can happen suddenly or gradually, and may be predictable in relation to repeated activities. Mothers respond to children's

¹⁷ In some cases the child may have been separated from the mother for various reasons.

facial expressions, movements and sound-making: with: “mutual attempts to regulate the baby’s momentary state – which might be hunger, arousal, joy, excitement and so on” (Stern, 1977, p.2). The regulatory process that begins in early childhood continues as the mother finds ways to ameliorate or modify the growing child’s ‘excessive’ emotional responses.

Izard (2002) describes how early interactions between a mother and child often involve a combination pattern of joy and interest (Izard, 2002, p.799). This pattern seems ideal for the developing baby; pleasure and excitement in the presence of new experiences together stimulate more exploration, and closer face-to-face relationships with others. The interest-joy pattern also contributes to: “generating confidence and courage... and engagement in the environment” (2002, p.799) and to enhancing: “health and well-being and buffer[ing] the effects of negative life events.” Izard (2002, p.799) describes how interest and joy: “expressed frequently in the exchange of smiles in mother–infant interactions” acts as a key facilitator of attachment formation in infants.

Interest and joy continue as prime motivators of human work, learning and achievement. Creating a positive emotional effect in any intervention is seen as central to its success:

The interest-joy pattern [has] ...particular relevance in to the problem of translating emotion science into preventative interventions. [Positive emotions] are the primary means to broaden and build psychological resources, enlarge thought-action repertoires, mitigate or undo the emotional effects of negative life events, and increase psychological resiliency. (Izard, 2002, p.799).

Izard (2002, p.800) concludes that the process of inducting and using positive emotions to promote well-being is likely to be more effective than focusing work with school-aged children on the management and control of negative emotions. This accords with the decision taken in this study to avoid an intervention based on behaviour or parenting in a way that could increase negative feelings. To create interest and joy in the narrative process was seen as an essential priority in developing interaction that would contribute to positive communication between mother and child.

3.3 How attachment contributes to social and emotional well-being

Attachment theory has been increasingly used over the past fifty years to explain how mother-child relationships typically change during the first year of life and contribute to all aspects of well-being thereafter. Men are often seen as secondary to this process, although Schaffer and Emerson (1964) found that 75% of children they observed were attached to their fathers by 18 months, compared to 81% attached to mothers (cited in Schaffer 1996, p.136). Importantly for the current study there is also evidence that children may: “develop attachments to people or objects who cause them distress” (Rutter, 1981, p.21); strong attachments are not necessarily secure. Having at least one secure attachment relationship is found to be very important for all children’s social and emotional functioning (Aldgate and Jones, 2006, p.92-3). Of significance for professional practice, is that attachments change over time; they can be lost, particularly when there are stresses and instability in a child’s life, but they can also be replaced if another suitable carer becomes available to the child (Schaffer, 1996, p.364).

Attachment formation, first described by Bowlby¹⁸ (1958), working from a Freudian perspective, is the process by which, from birth on, an infant and (a) key carer(s) develop a relationship. From around seven months of age this attachment is visible as the child seeks the proximity of an individual, usually the mother, through gestures, clinging, crying and following. Separation from that individual causes distress to the child, while proximity provides comfort and a ‘secure base’ to enable further exploration. The adult must respond appropriately to the infant for the attachment to be formed (Schaffer, 1996, p.128). Attachments are described as secure or insecure, with approximately 80% of attachments being classified as secure and 20% as insecure; the

¹⁸ Another white middle-class male.

later category is sometimes sub-divided into 'avoidant', 'anxious' and 'disorganised'. Although there remains considerable debate about the ways in which Bowlby's ideas have been translated into psychological tests, Bowlby's early suggestion that attachment relationships would broadly predict children's social and emotional development (1979, p.136) has been thoroughly confirmed by a substantial body of research (for example, Ainsworth *et al* (1978), Bretherton (1992, 2000)).

For children who have lived with domestic abuse there are a number of ways in which secure attachments can be disrupted. Emotional availability and sensitivity of the carer are seen as critical in enabling good attachments to be established (Bretherton, 2000). Research shows that women who are depressed, traumatised and/or suicidal, or separated from their children are less available to provide the sensitive responses to meet their children's needs including attachment (Moran *et al*, 2004, p.76). As mentioned previously (p.9), stressful incidents involving mother and child will also damage attachment. Furthermore, sometimes a child develops a strong, but traumatic attachment with an abuser (Radford and Hester, 2006, p.134-5). This can lead to disruption of the trust between the child and mother, and may also undermine later trust in others.

Unfortunately, attachment researchers have shown very little interest in exploring the nature of attachment between mothers, children and fathers in circumstances of domestic abuse, or the ways in which abusive men can disrupt attachment processes between mothers and their children. As Buchanan (2008) points out: "Despite areas of overlap [between] the attachment and domestic violence fields, there is scant recognition of this overlap in the research literature of either field." (Buchanan, 2008, p.7).

However, in recent years some researchers have started to address the omissions; for example, Levendovsky and colleagues (2001, 2002) studied domestic violence and attachment style in preschool and adolescent children. Zeanah *et al* (2008) explored

correlations between domestic violence and 'disorganised' attachments in babies up to 24 months, while Ayoub *et al* (2003, pp.101-2) developed an alternative view of such attachments as adaptive coping skills (see below p.56).

Part of the reason for this increased attention is that attachment researchers have started to seek factors in women, such as having mothers who were abused in childhood, or failures in the attachment behaviour of maternal grandmothers (Buchanan, 2008, p.6), that could explain an insecure attachment with their children. A mother being ill-treated in that past does not necessarily explain an insecure attachment with her child. Rather, a construct identified as predicting the child's security of attachment, whether or not the mother was badly treated, is that based on an 'Adult Attachment Interview'. In this procedure, a mother is assessed on the coherence and cooperative nature¹⁹ of her account of her own childhood experiences (Main, 2000, pp.1081-2); this measure is correlated with her child's attachment status. Lack of coherence is illustrated by having few relevant memories, and by contradictions, divergent interpretations and oscillation; coherence requires the use of detail in examples that connect adjectives used, such as 'caring' or 'loving' applied to the parent, to actual memories of these behaviours in action (Main, 2000, pp.1082-8).

This intergenerational approach to viewing the cause of difficulties in the attachment process as the mother's failure to make sense of her early life, may lead to practitioners blaming mothers and grandmothers, rather than first seeking more immediate causes in the current home and family situation (Buchanan, 2008, p.6). However, it also identifies the creation of coherent narrative as a potential factor in supporting mother-child relationships in the present.

¹⁹ Cooperative in the communication here referred to truthful and evidenced, succinct yet complete, relevant, clear and orderly (Main, 2000, p.1081, citing Grice (1975, 1989)).

3.3.1 The 'Internal Working Model' and 'Narrative Coherence' in attachment

The importance of Main's (2002) finding for the current study is that it identifies coherent family narratives as a protective factor in family life. While an exploration of the mother's childhood is not part of this study, the opening up of domestic abuse narratives, of past events during, or in some cases pre-dating, the child's lifetime involves the joint creation of meaning about difficulties in the past. The coherence and cooperative nature of this account depends on references to the truth (in line with the restrictions of memory and appropriateness to the audience), providing evidence, not avoiding the difficulties, and providing adjectives that describe and evaluate what happened. Through rehearsing a similar activity in the story sessions, the mothers may build confidence in speaking to their children, or another adult, about their own childhood experiences, and this may be a further positive effect of the intervention.

Further importance is given to narrative accounts within attachment theory. Bowlby (1973) showed how, for the child to have a continuing relationship with their carer while they are separated, the continual pattern of person to person interaction must be supplemented by a representation of the relationship in memory, an 'internal working model' (Bowlby, 1973, pp.322-323). This model, extensively explored by later researchers, is found to depend, in part, on interaction between parents and children. Fivush (2006, p.286) reports from the results of his own research and those of his colleagues, that: "[l]anguage, and especially the narrative construction of past events, may both engender and facilitate the expression and the organization of internal working models."

Although the research he reports is with younger children than those in this study, the importance of reminiscing may also apply to older age groups, and the reasoning given below regarding potential links between the mother's behaviour and the child's subsequent internal models of secure attachment seems applicable to the intervention proposed. Children have more coherent and elaborate representations of experience if

their mother has used: “more elaborated language with their children both while engaging in joint activities and in reminiscing about shared past experiences” (Fivush, 2006, p.286). A possible explanation of this finding is also given: “Reminiscing may be a particularly important language context for creating meaning, as it is in reminiscing that experience is reflected on, evaluated, and interpreted” (Fivush, 2006, p.286). This is a further important indication that the use of autobiographical narratives of difficult experiences in this study is likely to enhance reflection, and help participants to make sense of their past.

Of interest for this study is the question of whether a mother-child attachment that has been damaged or disrupted by abuse can be repaired, particularly in view of the correlation found by Zeanah *et al* (2008) between domestic violence and ‘disorganised’ attachments.

Ayoub *et al* (2003, pp.97-8) criticise the emphasis some researchers place on internal working models as being immutable, and present an alternative account of the working model as continuing to develop representations of attachment in response to a child’s experiences. They provide an important critique of the concept of ‘disorganized’ attachments and offer a formulation illustrated by a case study of a child’s active coping strategies in a family where domestic violence was kept hidden from public view (Ayoub *et al*, 2003, pp.98-101). According to this explanation, the early internal working model formed by a child in traumatic circumstances is a well-organised response by the child to the situation, although maladaptive in establishing future relationships based on trust (Ayoub *et al*, 2003, p.116). However, the child will develop this model in the context of on-going changes in her or his relationships. Such a child will be amenable to support that provides a reframing of trust in relation to current relationships (Ayoub *et al*, 2003, p.116). Working with a mother and child on a narrative process as described in this study, is seen as in line with this possibility.

Siegel and Hartzell (2004) offer advice to parents around communication with their children in order to achieve and improve secure attachments, and thus help their children to thrive. In addition to drawing on Main's research into coherent narrative: "making sense of our life stories" and integrating "past experiences into a coherent ongoing life story", they recommend communication that is "respectful", "attuned", "emotional", "contingent", and "reflective" (Siegel and Hartzell, 2004, pp.64-8). They also stress the importance of parents being able to repair ruptures in their communication with the child (Siegel and Hartzell, 2004, pp.184-7).

It is clear from the contribution of attachment theory that reminiscing, and the development of coherent narratives are key processes in mother-child relationships. Certain attributes of good communication between children and adults are highlighted as important in supporting secure attachments. These recommendations were incorporated into the intervention, and considered in the reflective process.

4. Domestic abuse: how various incongruent understandings of domestic abuse affect professional responses

This section starts with a note on terminology and then investigates views of domestic abuse, in some cases incongruent or inconsistent with each other, that constrain practitioners' views of appropriate interventions. Findings about how men undermine women and children's social and emotional well-being, are complemented by women and children's views.

4.1 A Note on Terminology

Phrases that used to be acceptable in this field, such as 'wife battering' have now been superseded in the United Kingdom²⁰, as their applicability to the reality of women's

²⁰ Although still used in many contexts in the United States

lives recedes. As seen above, women victims are often single, and ‘battery’ describes only a fraction of the abuse. Although abuse frequently occurs outside the home, and in couples who are not cohabiting, the word ‘domestic’ is now very strongly associated with ‘abuse’ and ‘violence’, and thus retains its relevance in official definitions and data collection. Where the definition is seen as ‘stretched’, for example in being applied to sex workers, government definitions, such as that given in Chapter 1, p.1, above, have asserted and clarified the boundaries.

Differences over terminology and definitions make the literature of domestic abuse, family violence and violence against women difficult to survey; Cunningham and Baker (2004, pp.8-22) provide some guidance. The difficulties are in part due to a quantitative/qualitative divide in research, in part due to different populations being studied, and in part due to political differences. Dutton and Nicholls (2005, abstract) criticise feminists for their failure to accept psychological evidence of gender equality in the use of violence as displayed using constructs such as ‘conflict tactics scales’²¹. However, these constructs depend on statistical procedures that are designed to produce simple results, for example dividing population samples using binary definitions to split nominal scales, and then seeking correlations between these simplified categories.²²

Feminists have adopted alternative terms, ‘gender violence’, ‘gender-based violence’²³ or ‘violence against women’, to emphasise the links between abuse of women in contexts of trafficking, war, and slavery as well as in intimate relationships. For example Kelly and Lovett (2005) make a plea for a shift in national policy: “from domestic abuse to violence against women” (2005, p.27), arguing that a fully integrated policy under this label would enhance the delivery of services to all women, including those marginalized or excluded by definitions that do not appear to apply to their

²¹ Scales developed by Straus, *et al*, (1980)

²² Cunningham and Baker describe how the use of binary classification procedures obscures realities of children’s lives (2004, pp.11-13).

²³ These terms also include violence against lesbian and gay people, and make the link with international research and action (see for example London School of Hygiene and Tropical Medicine website ‘Gender Violence and Health Centre’ accessed 12/08; Skinner *et al*, 2005)

situation. This term has now been adopted for some purposes by the United Kingdom government (Violence Against Women Consultation; March 2009, see website).

Stark (2007), argues cogently that the emphasis on violence, and on violent incidents in particular, obscures the true character of much male on female domestic abuse. His preferred term, 'coercive control', refers to a continuous pattern of abuse, where serious acts of violence may remain as one background threat behind daily impositions of power. This term, sometimes used in relation to hostage-taking and applied by Bancroft and Silverman (2002, see below), elucidates domestic abuse as an attack on the human rights of the victim (Stark, 2007, pp.203-4, p.219).

4.2 Some implications of theoretical positions for practice

Domestic abuse can be seen as occurring on a continuum; starting at a (relatively) low level, less serious abuse is seen as escalating both physically and psychologically (Humphreys, 2007, p.364). Humphreys (2007a) refers to domestic violence as: "the misuse of power and exercise of control by one partner over another in an intimate relationship" (2007a, p.1). Although expressed in gender-neutral language, this view is related to the 'Duluth model' which identifies men's power and control as the central hub of a wheel that represents a pattern of threatened violence linked to actions that serve to keep women and children contained and submissive (Duluth website).

Johnson and colleagues (1995, 2005, 2006) offer a model of domestic abuse that contrasts with the continuum/escalation model. Johnson (1995, p.283-4) sought to explain differences between feminist and 'family violence' perspectives; he noted that the feminist perspective draws on the experience of women who are in contact with police, hospitals and refuges, while the perspective emphasising couple and family violence concludes that there is gender equality in the use of violence. His model to resolve this divide identified a dichotomy between two categories of violence (Johnson,

1995, p.284) namely ‘patriarchal (or intimate) violence’ and ‘situational (or common) couple violence’. However, he claims that in both his categories there is a preponderance of male on female abuse (Johnson, 2006, Table 1, p.1010) and advises intervening professionals to maintain an awareness of potential risk when approaching couples (Johnson and Leone, 2005, p.347): “[w]omen entrapped in intimate terrorism, ...risk retaliation if they disclose information about the abuse in front of the abuser.”. Johnson and Leone also describe how ‘situational couple violence’ can be severe and can include homicide (Johnson and Leone, 2005, p.324).

Later versions of the typology developed by Johnson and colleagues are more complex, but the overall utility of the model for practitioners is questionable. Johnson and Leone claim that different causal factors and different effects are attributable to each category. However, if practitioners assume that families fit into one of the two supposed types they could minimise potential dangers, for example by overlooking the potential of a serious violent act in a ‘situational couple’, resulting in serious harm. Capaldi and Kim (2007, pp.11-12) sensibly suggest that the: “utility of typological approaches [is] quite limited”. They argue instead for a dynamic systems model that would explore behaviour of both partners over longer periods of time to uncover patterns of abuse and violence²⁴.

Coercive control (Stark, 2007, pp.104-5) can be seen as related to Johnson’s ‘intimate terrorism’. Stark separates ‘fights’ and ‘assaults’ from ‘coercive control’ and recognises the gendered difference in that: “[a]symmetry in sexual power gives men (but rarely women) the social facility to use coercive control to entrap and subordinate partners.” (Stark, 2007, p.105). His description of how a focus on violence has distorted research and service delivery resonates with my own experience of long periods of anxiety between occasional violent attacks. Through awareness of a dominant narrative of abuse that can be interpreted as frequent violent incidents some

²⁴ The Cardiff-based DYN Project has initiated some limited research in this vein (Robinson and Rowlands, 2006).

women can feel that their experience of oppression: “has no public audience and so that they have no way to give it voice” (Stark, 2007, p.111). The collection of data as ‘incidents’, for example police call-outs, hospital visits, phone calls to a help-line, contributes to the distortion; domestic abuse appears as something that happens only at times of crisis, when someone is hurt or when things get too frightening. In contrast, coercive control presents an on-going state of affairs, a way of life where many aspects of behaviour are constrained by the emotional tone of the man, with the threat of worse continuously in the background. Many families live in this state of abuse for many years. Stark proposes that the proper measure of abuse should reflect this state of affairs rather than depend on the number or frequency of specific events (Stark, 2007, p.99). This view is relevant to this study as it will be important to enable children and women to talk about on-going control and constraints as well as one-off incidents and events, that may predominate in the presentation of their stories.

Stark also clarifies the way in which this pattern of control is an attack on human rights, equivalent to hostage taking or kidnapping. As a response to such an attack on one’s liberty, resistance up to and including violent aggression is generally understood to be excusable; as a response to such an attack on a child’s liberty a mother would be expected to fight back. This framing of a woman’s resistance to abuse should enable practitioners to be more understanding of, and provide less judgemental responses to, a woman’s anger or aggression.

The application of intrusive risk assessments as routine has been resisted in some domestic abuse services (Humphreys, 2007, p.361). It can be seen as taking power away from women to manage their own lives and as leading to the ‘woman-blaming’ attitude discussed previously. However, it is a legal requirement to adopt ‘risk-aware’ decision-making processes. A feminist response is to approach risk-assessment sensitively (Humphreys, 2007, p.366, citing Pense, 2004) with a ‘no blame’ attitude and a high level of attention to children and women as they express their hopes and needs; this response is adopted in this study.

4.3 Coercive control: the patterning of men's behaviour

Bancroft and Silverman (2002) describe patterns of behaviour using evidence from an analysis of their findings over many years working with male perpetrators who have been before the United States courts on a domestic violence charge. In the absence of similar material from the United Kingdom, their evidence is used here to complement the knowledge base provided in qualitative United Kingdom research where children and women report their experience of abuse, data which is similar to my frequent first-hand observations and discussions with women and children who have left abusive situations.

Bancroft and Silverman consider the longer-term patterns of behaviour of male abusers towards children, partners and ex-partners after separation. Thus a greater understanding of post-separation issues from male, female and child perspectives can be constructed. This choice represents an intention to take seriously the ex-family context, and the dyadic relationships within it, man-child, man-woman, woman-child, and child-child.

Bancroft and Silverman lay the blame for the abuse clearly on the man and, consistent with the Duluth model, argue for a coordinated community response that takes responsibility for protecting women and children while attempting to effect change in the abuser (2002, pp.186-7). In seeking the underlying cause of the abusive behaviour they identify the abuser's belief that he: "has special rights and privileges without accompanying reciprocal responsibilities." They view 'entitlement' as perhaps: "the single most critical concept in understanding the battering mentality" (2002, p.7).

They build up a picture of a household controlled and constrained by a man's systematic selfishness and arbitrary demands and threats where women and children

must comply as: “efforts to resist ... generally meet with an escalation by the abuser, and thus the pattern of control becomes increasingly coercive over time” (Bancroft and Silverman, 2002, p.6). Key events that signal change, such as pregnancy and the birth of a child, may serve as triggers for the man to increase his level of restrictions and/or his level of violent behaviour (Bancroft and Silverman, 2002, p.65). Stark’s view of coercive control helps to explain why such changes in the family, or externally occurring crises, can increase violence; the man’s steady state of control may be threatened by unusual or non-routine events.

Bancroft and Silverman (2002) consistently argue that a ‘batterer’ is a continuing danger to women and children even after he has left the relationship or when he is participating in a programme. The danger comes from various typical behaviours that became apparent during programmes and are confirmed from previous and more recent research findings.

After separation the mother may not be able to protect her child as fully as she did previously; this creates the possibility for the man to use intimidating, rigid or harsh parenting and/or neglectful or irresponsible parenting (Bancroft and Silverman, 2002, p.151-2). Men also continue to undermine mother-child relationships and reduce mothers’ authority over children (2002, p.151). “[P]sychological abuse and manipulation” can occur (2002, p.153) including the abuser developing children’s: “concern for their father’s suffering and for injustices he claimed to have suffered at the hands of their mothers and the family courts.” (2002, pp.153-4). The abuser may expose the child to further violence on the mother, or in any new relationship he enters into (2002, pp.152-3,157). Bancroft and Silverman also warn that: “physical or sexual abuse of the child by the batterer” (2002, p.154) is not uncommon. A further finding was that men carried: “abusive behavior from relationship to relationship” (Bancroft and Silverman, 2002, p.179); this raises concerns about children they may encounter in their new relationships and with whom they have no genetic or attachment ties. Men reported finding: “abusive behaviour rewarding”, and used it: “to enforce a high degree

of catering to their selfish needs, to impose double standards and to exercise control.” (2002, p.179). Some men managed: “periods of using less physical violence by increasing their use of threats” (2002, p.179: citing Edelson and Brygger, 1986), while some men increased their: “verbal and emotional abuse while participating in the programme” (2002, p.179: citing Gondolf, 1988). In some cases Bancroft and Silverman found: “violence recurring after violence-free periods of more than 2 years” (2002, p.178-9).

Bancroft and Silverman call for professionals to be vigilant and to hold men accountable for any of these behaviours. They warn of the low success rate of their own, and others’, programmes for abusers. They also warn that: “[s]tatements made to professionals by batterers *or by their family members* should not be accepted at face value children may see a batterer as likeable and entertaining” (2002, p.188, emphasis in original). They advise professionals to become familiar with the literature of traumatic bonding to increase their understanding of the paradoxes and complexities of difficult and intense relationships.

4.4 Children’s Voices

Research that prioritises children’s own views of the effects of domestic abuse on their lives has become more common in recent years; for example in the work of Mullender *et al* (2002), Imam with Akhtar (2005), and the Scottish Government’s website and consultation with children (Houghton, 2008). Because this study was based on sessions with women and children together it was important to be aware of things that children might be holding back because their mother was present. The following experiences and feelings are selected as those that children may not wish to disclose in front of their mothers, for a number of reasons. They may be embarrassed to admit the extent of their own fears, they may not want to express fully their attachment to their father, they may not want their mother to feel guilty about the impact they have experienced, and

they may not want to admit to behaviours that they know she would be worried or angry about, such as self-harming or truanting.

A girl of 15, one of Houghton's informants, explained why adults should attend to children: "an adult's point of view isn't always a child's perspective, so they should listen just to get a child's point of view" (Houghton, 2008, cited in Literature Review, Chapter 3, Scottish Government Website).

Where children are feeling afraid and stigmatised and have lowered confidence and trust in adults through their witnessing abuse, the effort to communicate to others may prove too much. As Joseph *et al* (2006) in their South African study report, one young girl spoke of her fear of telling the researcher, or her friends at school, about her abusive father: "If Daddy finds out he might deal with me" (Joseph *et al*, 2006, p.35). Another girl mentioned the stigma involved in opening up: "My friends will think my family is screwed up" (Joseph *et al*, 2006, p.35). Although Joseph *et al* (2006, p.41) report that all their child informants: "constantly and vehemently disapproved of the violent acts of the abuser to which they were exposed", anger was expressed at mothers as well as at fathers. One boy: "retorts in frustration: "I don't know why she stays with him." " (Joseph *et al*, 2006, p.36).

Mullender *et al* (2002) asked children about the domestic abuse in their families: one mixed-race boy of 8 replied: "Do you want to know how I feel about it? It gets me all confused and muddled up. When it happens, I feel as if things are growing in my head, outwards, and pressing on my head." (Mullender *et al*, 2002, pp.95-6). Nevertheless he continued very articulately, with a meaningful account of one day's incident and adding some perceptive comments: "I'm frightened I'll be like it when I'm grown up. I know what she's going through and I want to help her. I get worried for her." (2002, pp.95-6).

The children that Mullender *et al* (2002, p.216) interviewed had a range of longer-term coping strategies which the researchers categorised as: “ ‘outward-looking’ or more social, ‘external’ strategies [and] inward-turning’ or more personal, ‘internal’, strategies.”. The external strategies described by Mullender *et al* included seeking out and using support from friends, siblings and grandparents, or conversely offering support to siblings (2002, p.126-8). One girl described how she needs a place to go to experience peaceful moments for thinking:

because your life can just be tangled up with your parents and you are worrying about them all the time so it’s good if you can get away and just be you. (15-year-old white girl) (Mullender *et al*, 2002, p.127)

Another external strategy was to get help from responsible adults such as the police, teachers or social workers; and to take responsibility in terms of trying to find solutions (2002, pp.127-9). The internal strategies identified included expressions of emotion, lying about their circumstances in order to conceal the truth, or remaining silent (2002, pp.129-30). One 14-year-old South Asian boy advised: “Keep thinking things will work out better in the future.” (2002, p.128).

Other sources identify further coping strategies, for example, truanting, (Mullender, 2006, p.54), acting out and trying to take control over others (Råkil, 2006, p.192). Many children mention domestic abuse when phoning Childline (see website).

Although Mullender *et al* (2002) separate children’s coping strategies into those used in the immediate situation and those used in the longer term, there is often considerable overlap between the two categories. For example, the strategies used by a child to block out the abusive episodes by: “watching TV, or playing on the PC, or playing loud music until it’s over” (Mullender *et al*, 2002, p.124) are also, in my experience, used in the longer term where they fulfil a function in blocking out emotions.

Some children may feel that their father has been badly treated and blame their mother for the separation; one of Peled's informants identified with a father who: "had to leave the family, is all alone, and may go to jail." (2000, p.27).

Just as women can feel blamed by agencies that are offering help, children may sometimes feel themselves to be 'branded':

MG: Counselling is kinda branding that there's something wrong with you, but there's no nothing wrong with you, you've just been through an ordeal.

SC: Yeah, it's everything else that's wrong, but you...

MG: It's like, "Tell me what's wrong with you and I will help" – NO!...

MG: OK, you do suffer domestic abuse but you're not like branded, like you "This is what happened to you – you need medication" or whatever."

(MG female, 19 and SC, male, 20, in Houghton, 2008)

The message to workers is once again to avoid blame-like language, and to recognise the dangers of an overly psychological approach; the solution is to give space for children to respond in their own way to gentle, non-intrusive offers of interest and time.

4.5 Women's Choices

Mothers today: "inhabit a number of identities" (Featherstone, 2004, p.165). Even while living with abuse, some aspects of their day-to-day lives can be positive and enjoyable. Women use many strategies to manage their emotions and mental state including substance use and activities to 'blank out' the abuse. Women who are living with domestic abuse are not necessarily overwhelmed by their vulnerability; they may experience good times as well as bad, and even in the bad times act to protect, or are sometimes able to put on a 'brave face' for their children. Some fight back more than others, and although this can lead to rejection by services, and counter-accusations from partners, it is also a matter of pride and self-esteem for some women. Radford and Hester cite 'Trish':

[It went on for] about three years but I wasn't living in fear... I would always argue. It was almost like he was trying to break my spirit and I thought, you never will. You can hit me as much as you like, but you will never break my will or my spirit and make me

totally submissive to you. I will always argue, I will always fight you back. (Radford and Hester, 2006, p.41).

In contrast, some women adopt an external demeanour of submission as a method of resisting violence: Stark's informant, 'Sylvia': "petite, soberly dressed reticent and religious... a traditional wife...had chosen deference among the many possibilities made available by women's new opportunities." (Stark, 2007, p.234). Another informant 'Donna' reported: "I never said 'no' to him again" to prevent the recurrence of an experience of rape with her hands bound (2007, p.243). These methods of maintaining dignity were important to women from whom other opportunities had been systematically removed. Stark comments:

Donna and many other women ...conclude that freedom and autonomy are worth defending, even if the costs are high. On a daily basis women's resistance to coercive control may be subdued, understated, and even hidden rather than fierce. Even so ... [the desire is] ...to sustain an autonomous existence and a reasonable chance of influencing fate. (2007, p.348).

In my experience women are sometimes able to create times and places where they can feel safe and in control, for example through working, training, or regular contact with school, Sure Start or Children's Centre at a social level. These strategies can lead to opportunities to escape during a crisis, or to prepare a planned departure. Sometimes family and friends are used to protect children from the worst of the violent incidents, women can become adept at recognising bad times when something is likely to happen, and put plans in place. Some women invest time and energy in their children and gain strength from their children's successes; they may 'take the rap' if their children are in trouble with the abuser, encourage children's independence, and reassure and support them during or after difficult periods. Seeking therapeutic solutions to children's difficulties is another way in which women manage the situation. Women sometimes leave before they are fully confident that they can manage to live alone; in these cases they may return to the abuser, facing his anger and feeling worse than they did before. However, through leaving they can also gain understanding, and build contacts that can make them feel stronger, and will help if they flee again. All of the above strategies have been used by women I know. In my own case it was more than twenty years

before a final separation was effected, but life can be made bearable if the strategies work even in part, and are not undermined or destroyed by the perpetrator.

However, other women face far more serious effects; in some cases their children are life-lines, literally, as when a mother rejects suicide as an option because of her children (Radford and Hester, 2006, pp.41-2). In other cases the woman keeps going, wanting the best for her children and to be there in the future to protect them from the worst of the abuse, and managing to retain some hope.

In spite of, or perhaps because of, the tendency of statutory services to blame women (Breckenridge and Ralfs, 2006, pp.113-4) and 'brand' children (Houghton, 2008, p.11); women are appreciative when workers respect their choices and decisions (Abrahams, 2007, p.113). Such respect must also include an awareness of the variety in women's understandings of themselves as mothers. Where a woman can retain a positive relationship with her children through play, empathy and sharing enjoyable experiences this will support the social and emotional well-being of the family.

The women involved in the current study had all separated from their abusers, had engaged with the Step by Step project with their children over a period of weeks and had then showed a later interest in doing further work with their children on '*The Tale That Can Be Told*'. They were therefore self-selected women who have a strong commitment to their children and the desire to improve their relationships with them.

5. Family Learning

There is good evidence to suggest that family learning is effective as a means of building communication between mother and child, for example in literacy, early language development and numeracy. Brooks *et al* (2008) as a result of their in depth evaluation of family learning programmes speculate on the: "real value of family

literacy and numeracy programmes”, which, they suggest: “is the extent to which they encourage, and give both parents²⁵ and children the opportunity to experience and develop constructive dialogue (in the broadest sense of ‘communication between individuals’)” (Brooks *et al*, 2008, p.30).

The potential of ‘wider family learning’ to support other aspects of participants’ lives, such as social and emotional well-being, is also recognised; Haggart and Spacey (2006) report that: “[a]ll family learning raises the esteem of parents and children alike, [and] encourages a love of learning together.” (Haggart and Spacey, 2006, p.11).

Family learning, which in practice is usually mother-child learning, is effective for a number of reasons. Firstly, as Tizard and Hughes (1984, pp.73-89) showed in relation to four-year-olds, parents and children share a contextual understanding of home, immediate family members and living arrangements, as well as shared experiences of the wider world through television, visits out of the home and wider familial, or outsider, conversations brought into the home. Secondly, the child’s language has been formed through social interactions, with the mother most likely to be the first regular partner and contributor to vocabulary and meaning-making. Thirdly, the mother is the person most likely to be motivated to support the child in learning and developing, and, reciprocally, the child is most likely to seek the mother for support in strange, confusing, or poorly understood situations. Finally, joint interactions between mother and child where the mother attends in play or conversationally to the child’s focus of interest, and where both take pleasure in the contact, are seen as positively related to the child’s learning and development (Schaffer, 1996, pp.121-2).

In the context of the intellectual problem being explored here, the family learning is expected to support social and emotional well-being. The intervention will address emotional, social and cognitive strands of the dyad’s functioning. For example, there may be an increase in positive emotions such as joy, interest, and patience. There

²⁵ Typically, over 95% of attendees on the programmes studied were mothers (Brooks *et al*, 2008, p.24)

could also be improved social functioning within the family and externally; a child may develop better relationships with peers. It is also likely, in the context of this intervention, that family learning will lead to a greater understanding of the emotions, motives, and behaviours that lead to disruption in family life and will provide an opportunity for joint articulation of the good aspects of living in a family.

The main aim adopted for this research was that of exploring a family learning activity in the form of joint development of family narrative, supported by a professional. This narrative focus with dyads, as a means of supporting social and emotional well-being, is a new contribution to the family learning field. It is argued that this is an appropriate and practical way forward with families who have experienced major disruption to their lives through domestic abuse and that it complements group approaches which remain important.

6. Narrative

My study started with the expectation that all the child-mother dyads would be able to produce a joint narrative as this is a common process from early childhood. In the development of early language from infancy, a continuity of interactive experience between a baby and her/his caregivers starts with gestures and vocalisations from the baby and develops into speech acts and conversational turn-taking (Wells, p.397-8). Stacey, identifies 'narrative-like themes' that organise a baby's experience of being with a carer (Stacey, 2003, p.93); an example might be going out to visit a friend with accompanying explanations. These contrast with later 'narratives told' that have a single narrator's perspective (2003, p.76). Narrative-like activity with the carer evolves into more developed stories in which the child takes on the narrator role for longer sections. Usually in their third or fourth year children begin to produce recognisable stories with minimal support from others; for example Tizard and Hughes (1984,

p.168-9) demonstrate how four-year-old girls and their working class mothers used story telling in the home.

Bruner (2004) develops the idea of “Life as Narrative” to describe the ways in which autobiography affects both memory and the future life course (Bruner, 2004, p.708).

Narratives are used for many purposes, Bruner describes how from early in life:

[w]e know how to tailor our stories quite effortlessly to further our own ends (beginning with those sly twists that shift the blame for the spilt milk to a younger sibling) and we know when others are doing the same. (2002, p.3)

However, this is not always a fully conscious activity; Bruner suggests not only that: “the subtlety of narrative structure ... keeps us from making the leap from intuition to explicit understanding” but also that the message is often: “so well concealed that even the teller knows not what ax he may be grinding.” (2002, pp.5-6). When it comes to ‘self-storying’, part of the purpose served is the ‘presentation of self’ (Goffman, 1990). This may include aspects of hero identification, or using fiction to guide life decisions; Gergen describes how even a four-year-old child identified himself with the ‘Incredible Hulk’ when answering questions about a rescue intervention he undertook (Gergen, 1994, p.20). However, telling about yourself can also involve telling about your family, friends, life-style; this necessitates some self-censorship, negotiation, betrayal, or other means of navigating what it is appropriate to share. In this study children may feel that they are betraying their father in collusion with their mother and the researcher, and this could lead to anxiety and resistance²⁶.

Narrative therapy, using principles of the Dulwich Centre in Adelaide, Australia has become increasingly used in social work practice (Riessman, 2005, p.396). The ‘re-authoring’ approach aims to replace families’ stories that emphasised self-blame and low future expectations, with enabling accounts of what has happened, and increased

²⁶ Reticence may be very appropriate in some cases given recent concerns that young people were being asked to disclose sensitive personal data about their family members without seeking permission (Anderson et al, 2006, pp.94-5).

optimism (Epston, 2000, pp.9-32; White, 2007, pp.61-128). Further implications for methodology were drawn from narrative research, and narrative analysis. These provided analytic frames for managing the data and supporting the negotiated narrative work and are discussed in the next chapter.

7. Summary

Rose's application of Foucault's theories to 'psy' interventions in parenting, childhood, and the construction of 'self' is used here to elucidate how a 'supported change' process has become an accepted feature of the work of professionals who intervene in family life. Rose ignores the difficulties between men and women in families, and feminist views of why and how these occur. Feminists recognise that women and children are powerless and abused in many families and that this affects women's ability to create lives for themselves and their children that accord with the explicit norms against which mothers' and children's, but less frequently fathers', achievements and failures are recorded.

Ecological, development, and attachment theories of childhood are influential ways in which societal norms have been elaborated and have become models that are used to structure professionals' understanding and/or 'measurement' of mother-child relationships. The limitations of these models have not always been examined when interventions are devised and applied. Attachment research suggests very important implications of the use of coherent narrative between mother and child. A feminist assessment of the theory and its applications has identified significant ways in which these findings can be used to repair and further support mother-child relationships that have been damaged by domestic abuse.

Domestic Abuse can be understood in many ways, some of them are mutually contradictory. By adopting measurements based on events and reported injuries, incidents are made highly visible in comparison with the underlying pattern of coercive control that typifies much male on female abuse. Data and assessments have shown that risk levels for women are far higher than those for men; men are also shown to be many times more dangerous than women. The claim that domestic abuse is gender-neutral ignores the importance of these risks for practice. By presenting evidence of women's ability to manage and manoeuvre while living within abusive relationships I have demonstrated that they may be able to create some space to attend to their children and support them through their difficulties. Anticipating that some children may not wish to reveal too much in the dyad situation, I have drawn in this chapter on accounts which identify aspects of children's experiences that they may wish to keep away from their mothers.

The development of Family Learning has been an important way to bring mothers and children together in an empowering environment for both. For this intervention, the framing of the approach as educational, and supportive of social and emotional well-being, assumes that these are part of mothers' aspirations for their children, and avoids any suggestion of mother-blaming. Narrative, an almost universal aspect of child-rearing, is a highly relevant medium for working with mother-child dyads.

Chapter 4: Methodology

1. Introduction: Participant observation from a professional role.

The study explores a professional intervention developed to support women and children who have left abusive men. The nature of the intervention and the exploratory nature of the research indicated a research approach that was observational, and drew on professional and client experience of the intervention in practice. This required qualitative methods, although some quantitative data was also collected. However, practical limitations led to an unusual qualitative research approach.

In the case of action research into professional practice, it might be expected that the researcher's place of work would become the research site. However, this was not practical for this project; when exploring possible research approaches, a proposal was made to the management team of my workplace, but a study involving staff and clients of the refuge was ruled out for ethical reasons. The value to the organisation of the results deriving from the research proposed was fully recognised, and some study leave was allocated.

It became obvious that the only practical way forward was to develop a single professional implementation and investigation of the proposed intervention using a sample recruited externally to the professional work context. Thus a unique intervention/research process was developed for this project; an experienced domestic abuse worker exploring an activity that was a practitioner intervention but taking place outside the workplace and paid work context.

The intervention had one set of aims and the research activity had a separate set of aims. The observation required was reflexive observation of the professional role as well as of the families' responses to it. The cohesive way in which the intervention and the research activity became mutually supportive was an unexpected benefit. By its

very nature, reflexive observation is likely to throw up ideas and critiques of the process as the research plan is implemented. As this research was seen as the exploration of a process of intervention, it was appropriate to try out different ways of working, or emphases, with the six families involved. Thus the initial ethical and methodological structure of the research was seen as a framework within which variations would emerge, or be introduced. Each variation was recorded and seen as throwing new light on the problem to be explored and its possible solutions.

2. Theoretical Overview

The study is based on a social constructionist epistemology with a critical realist ontology and a feminist theoretical perspective. This framework, together with the practicalities described above, contributed to the development of a case study form of action research.

Dancy (1995) in defining and describing epistemology states:

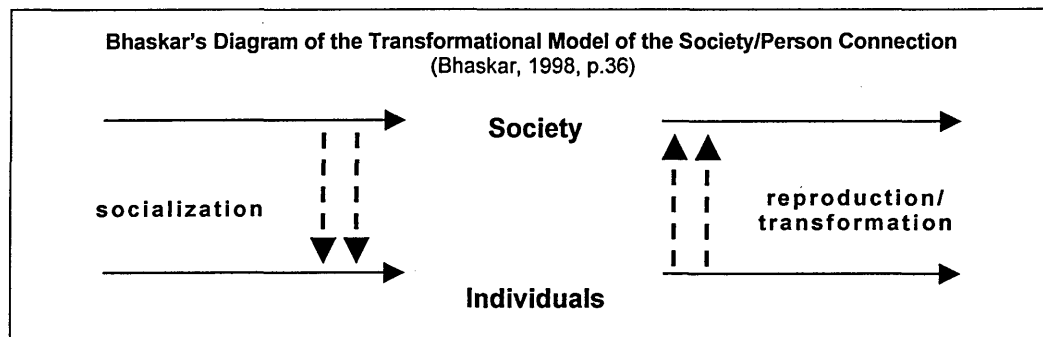
Epistemology is the study of our right to the beliefs we have. More generally, we start from cognitive stances, and ask whether we do well to have those stances. Cognitive stances include our beliefs and (what we take to be) our knowings; and in another dimension they include our attitudes towards the various strategies and methods we use to get new beliefs and filter out old ones, as well as the products of those strategies and methods. (Dancy, 1995, p.245).

The research was approached from a particular cognitive stance but with the awareness that personal views are not static, on the contrary, beliefs, knowledge and understanding are continually changing. An ethical commitment to a perceptive and thoughtful approach to work includes asking whether we 'do well' to have these beliefs. The interaction with mothers, children and others who are interested in this project will inevitably influence the answers to this question. All the data are derived from interaction between participants and researcher from which meanings emerge that contain implications for other professionals and researchers as well as for those directly

involved. The reflection on, and interpretation of, the data was an iterative process that continued throughout the analysis and writing of this thesis. The reflexive process also included further literature searches and continual reading to relate tentative ideas and findings to existing material.

In adopting a broadly social constructionist position a claim is made for the centrality of meaning and for the argument that social interaction is the only way in which meanings can be derived. Objects and phenomena such as sand, wind, and stars that pre-existed human interaction had no meaning until they were experienced and used by people. However, millennia of human existence have created a social and physical world into which we are born and which we inhabit. The world is full of meanings; some of which are transmitted to us, and interpreted for us, from birth on, through the actions of our carers and others. However, the meanings are not fixed; on the contrary they are constantly changing and evolving. The critical realist Bhaskar illustrates this with the following diagram:

Figure 1



The earliest human interaction, usually between child and mother, is the first example of a wide range of interactions between the individual and society. The initial socialisation is in one direction only, from mother to child, but the child also regulates and reflects, thus transforming and reproducing the mother's expressions and movements. In this and other ways people are socialised by, and into, a pre-existing

society, and throughout their lives reproduce and/or transform the society. Individuals and society emerge in a continuous process of change and interchange.

For some sociologists, social constructionism is understood as the idea that humans actively produce society (Marshall, 1994, p.609). However, an alternative formulation emphasises that the epithet 'social' refers to the social nature of the construction – rather than referring to the construction of solely social phenomena. In this latter view the social construction of the world includes the natural world. No matter how firmly a scientist espouses the rules of objectivity, socially derived meanings of the natural world are held long before they are studied 'objectively' using scientific techniques. As Kuhn's influential work demonstrated, for scientists: "every individual choice between competing theories depends on a mixture of objective and subjective factors, or of shared and individual criteria...." (Kuhn, 1977, p.275). Kuhn goes on to remark that the subjective factors, and individual criteria that: "have not ordinarily figured in the philosophy of science" (Kuhn, 1977, p.275) may arise through contextual influences on scientists – influences such as German Romanticism or nineteenth-century British social thought (Kuhn, 1977, p.274).

Such subjective factors and criteria, whether explicit or implicit, are created out of interactions, between people, that relate and inter-relate perceived phenomena. For example the natural phenomena 'stars' are often given social and personal meanings through human interactions from early childhood. The word and (perhaps) the perceived object in the sky is related to illustrations, models, specific geometric shapes, rhymes, stories, through adult-child or child-child interactions, such as bedtime routines, or Christmas celebrations.

Culture provides us with a 'ready-made' language, complete with artefacts, symbols, patterns of living, ways of organising and communicating knowledge. Understood in the widest sense, culture represents all that is socially rather than biologically transmitted (Marshall, 1998, p.137). In one version culture is seen as permitting: "the

self-conscious evaluation of human possibilities ...[it] is thus an indispensable device for increasing human control over the direction in which our species changes.” (Kim, 1995, p.172). By contrast, culture can also be seen as a force that constrains possibilities for autonomous thought and action (Crotty, 2003, pp.59-60).

These two views of culture present a tension which is central to the research process. The research must build on existing knowledge, using forms of language and representations that are socially validated by previous research and practice. However, it also has to move beyond this into the creation of new knowledge, new ways of knowing that are original and relevant.

Social Constructionism in research brings together an objective approach and subjective responses to create new meanings. To put it another way, there are two aspects to meaning; on the one hand, the way it relates to the perceived world – the stars in the sky, the Christmas decorations, the geometric shapes – and on the other hand the way it links to the rich range of descriptions and representations of stars that derive from human creativity. The meaning relates back to the object(s), and simultaneously draws on, and feeds back into imagination. Adorno describes the bringing of creative description to the objective world as ‘exact fantasy’ (Adorno, 1977, p.131: cited in Crotty, 2003, p.48). Crotty goes on to urge that researchers should not abandon this linkage of subjectivity and objectivity: “Research in constructionist vein ...invites us to approach the object in a radical spirit of openness to its potential for new or richer meaning. It is an invitation to reinterpretation.” (Crotty, 2003, p.51).

Such an approach is wholly consistent with the exploratory inquiry envisaged here: the narrative intervention itself was an invitation to women and children to (re-)narrate and reinterpret the past and, with the professional ‘outsider’, to create and record an account. This was a process of finding new meanings through reflection on ‘real’ events. The researcher’s interaction with the data, away from the family, was also a

process of reflection and re-interpretation, asking progressively more, and different questions. The nature and content of the reflexivity demanded of the researcher will be revisited in more detail in Part 5, pp.91-5.

3. Ethics, feminism and children's perspectives.

The question, of how to research reflexively this lone professional intervention to promote narrative production in communication between mother and child, was addressed first by examining the ethics of the situation. The ethical principles and requirements attached to the researcher role were supplemented by the values and standards expected within most domestic abuse organisations in the United Kingdom. The ethical stance suggested by an examination of feminist research proved highly relevant to the current study, and chimed with the feminist ethos of refuge life. In addition a review of ethical approaches to work with children aided the establishment of a coherent ethical framework for the research and intervention.

3.1 Research Ethics

The following discussion adopts Christenen and Prout's proposed 'value-oriented strategy', drawing on a number of sources to provide: "a set of strategic values within which individual researchers can anchor the tactics required in their everyday practice in order to work reflexively." (Christenen and Prout, 2002 p.477).

The first strategic values used were the ethical principles of the Economic and Social Research Council (ESRC) which cites as core criteria: "The dignity, rights and welfare of research participants." (ESRC, 2005, p.7). The study explored a practical intervention that aims to improve the lives of clients whose dignity, rights and/or welfare have been adversely affected in the past; one aim of the research was to

enhance professional understanding of, and responses to, these families. The research methodology was designed to be consistent with these aims.

In line with the ESRC criteria the research was designed, and has progressed, following the organisation's further six principles:

- Research should be designed, reviewed and undertaken to ensure integrity and quality
- Research staff and subjects must be informed fully about the purpose, methods and intended possible uses of the research, what their participation in the research entails and what risks, if any, are involved....
- The confidentiality of information supplied by research subjects and the anonymity of respondents must be respected
- Research participants must participate in a voluntary way, free from any coercion
- Harm to research participants must be avoided
- The independence of research must be clear, and any conflicts of interest or partiality must be explicit (ESRC, 1995, p.3)

In addition to these principles, my professional context, and my personal beliefs and actions, required that the work be undertaken using a feminist approach that is cognisant of the gendered nature of much violence, and that pays particular attention to child participants, to ensure that they understood, as far as possible, what they were agreeing to, and what their rights were.

Skinner *et al* (2005) while rejecting the idea of a single feminist methodology, describe those characteristics of research that have been 'fundamentally influenced' by feminists (Skinner *et al*, 2005, pp.10-18). The most obvious characteristic is the focus on gender and gender inequality. This focus has resulted in critiques of the gendered patterns of traditional research and a: "[r]ejection of the standard academic distinction between the researcher and the 'researched'." (2005, p.11). The research enables the voices of women and marginalized people to be heard, and involves careful selection of appropriate research tools and approaches that are: "more likely to reflect the experiences of women and children rather than distorting them." (2005, p.17). Attention to the emotional and physical well-being of the researcher and other participants is a further influence of feminism that is also visible in other forms of

research. Reflexivity is important to feminists and includes researcher accountability and a consideration of power within the research relationships. Finally, feminism asserts the importance of politically active research: the use of research to change policy and practice.

All of these characteristics make absolute sense in the context of this study and suggest ways in which the ethical principles should be supplemented. They draw attention to the researcher's responsibility to address any implied hierarchies between the researcher and other participants; the professional status of the researcher can inhibit the open expression of ideas. Participants may be additionally constrained by the researcher's control of, or familiarity with, the venue, control of the recording media and transcription process and access to other resources.

Where participants, women or children, are identified as vulnerable and/or offered support, there is a potential danger of undermining any confidence and power they have, or could have, in the situation. Bauman (1993) describes marginalized people who are excluded from rational forms of debate as 'the Other' [sic]. Christensen and Prout (2002) describe Baumann's view thus: "the central social challenge of postmodern times is to take responsibility for the Other" (Christensen and Prout, 2002, p.479). They represent his view of responsibility as: "entering a dialogue that recognizes commonality but also honours difference." (Christensen and Prout, 2002, p.480). This stance is seen as the opposite of a patriarchal, or condescending attitude: "Bauman carefully distinguishes between taking responsibility *for* and taking responsibility away *from* the Other." (Christensen and Prout, 2002, p.479, citing Bauman, 1993, italics in the original).

In the joint creation of a domestic abuse narrative, the child is placed in a hierarchy that includes the mother as well as a practitioner. The children's expectations that the adults are there to control them cannot be overlooked. The child is in a minority, often

two adults to one child, and the session may be taking place in the child's school, where adult control will be seen as the norm. However, Davis (1998) points out that children also have their own ways of resisting the researcher if they wish to. For example:

...through silence, humour, conflict, or by shutting the gates to their world. That is, children make their own decisions about whether to participate and themselves identify which issues are sensitive during the research process. (Davis, 1998, p.330).

In this project attention is given to the presentation of an: "unusual type of adult" (Christensen, 2004, p.10); the nature of the 'unusual type of adult' is discussed further in Section 6 and Chapter 5. However, the responsibility to negotiate and steer: "who gains what, when, where and how" (France *et al*, 2000, p.161) remains with the researcher, as initiator and outsider. In the intervention the mother and child share and negotiate a narrative; this builds on a process that is a common developmental pattern in early childhood (Engel, 2000, p.201). However, the professional here acts as an instigator and audience for the collaborative activity between child and mother, and may also be an advocate for the child's voice. As Christensen emphasises:

Power is not, as such, nested in categorical positions, such as 'adult' or 'child', but rather in the social representations of these that we make, negotiate, work out and work with in social life. (Christensen, 2004, p.167)

In representing children as 'social actors' Christensen and Prout call on researchers to: "consider ways to enable children to protect their own interests through the research." They argue however, that the researcher may not be able: "to avoid taking on the responsibility of protecting children's interests." (Christensen and Prout, 2002, p.489)

Christensen and Prout use the concept of:

ethical symmetry between adults and children. By this we mean that the researcher takes as his or her *starting* point the view that the ethical relationship between researcher and informant is the same whether he or she conducts research with adults or with children. (Christensen and Prout, 2002, p.482, italics in the original)

Kellett identifies: “the journey from research *on*, through research *with* to research *by* children” as a natural progression related to participatory agendas (Kellet, 2005, p.30, italics in the original). She draws attention to the parallels between a feminist research paradigm and the: “ potential new paradigm” of child-led research (Kellett, 2005, p.6). The current project, using children as participants with their mothers, represents research *on* and *for* children, applied to an intervention *with* children and mothers together. The research *on* children will increase professional knowledge about children’s experience of abuse; the supported narrative production *with* children will help them to explore their life experience and to find answers to some of the questions they may have about what happened and why. However, the purpose of the research is in part to reflect on the narrative activity that has been selected and refined to be as effective as possible *for* children who are recovering from the effects of abuse. The children will be supported to produce an account that is their own, albeit with contributions from the mother.

The need for individual researcher responsibility within a value-oriented research strategy is argued by Davis:

Ethical guidelines may only have meaning during the actual process of the researcher/child interaction... researchers may overlook the notion that ethical considerations depend on the researcher’s ability to understand and respond to the feelings of the children they work with. This, in itself, is a problem of cultural exchange/interpretation which is relative to different individuals or groups of children who participate in a study. (Davis, 1998, p.328-9)

Boys might face an additional barrier to participation and need careful cultural exchange/interpretation during the interview process. Aspects of their experience might inhibit their contribution both to the narrative process and to the research findings. They will be in a minority of two to one in a context where there is implied, if not explicit, condemnation of male abusive behaviour, and of the father (figure). The

son²⁷ may be attached to and have contact with his father and have anxieties about discussing the project with him. Conflicting emotions, such as guilt and loss may vie with societal influences that present male power as inevitable and good. Basic premises of this research are that men are responsible for their actions, as partners and parents, and that boys can benefit from discussion and interaction with women who are willing to talk about abusive relationships and alternatives to them. For the reflexive professional researcher, awareness of these potential issues in mother-son relationships may help to 'tune' the 'cultural exchange' and facilitate interpretation.

In line with feminist principles, and in order to enable maximum participation from the children, issues of power, hierarchies and control have been addressed throughout the design and development both of the intervention, and of the research. This has included negotiation with participants over practical matters. Particular attention has been paid to respectful and appropriate means of communication with each of the participants boys, girls and women, based on sensitivity to their lived experience. Practical steps to promote the full participation of the women and children and enhance the quality of the experience for them are described in Section 6, pp.97-105 and Chapter 5, pp.106-114.

3.2 Professional considerations

In addition to the above ethical research standards, professional standards impose a duty of care for clients with particular reference to their potential vulnerabilities and the need to avoid harm. Because of the nature of this project, iatrogenic harm inadvertently caused by the intervention and/or the research, could be particularly dangerous. The clients/participants are women and children who are potentially vulnerable to severe violence from known offenders, so safety precautions and risk

²⁷ Mothers and girls may also experience ambivalence in relation to their attachment to the abuser, for example, or their beliefs about male and female roles. However, the point being illustrated above is the additional pressure a boy may feel because of his identification with an abusive father (figure) or other male role models.

assessments are integral to the research plan. The participants are approached with care, in order to ensure that they are fully aware of the pattern of work envisaged and are able to evaluate the risks that it may present to them, and to their family and friends.

There is well-documented evidence of children's emotional vulnerability following exposure to abuse (Wolfe *et al*, 2003, p.171, p.183), and this may be a long-term effect (2003, p.184). The potential long-term vulnerability highlighted the need for the researcher to adopt a scrupulous commitment to honesty, and avoidance of deception, power-taking and controlling behaviours. Where disturbing or distressing issues arise in the research and are beyond the researcher's abilities to deal with as part of the planned intervention or research programme, a responsibility arises to propose and facilitate referral to an appropriate professional. The legal and/or moral requirement to report concerns regarding the safety of children and vulnerable adults limits the application of confidentiality and are particularly relevant where a child may have been subject to Child Protection procedures in the past and still has contact with the violent man. Additional probing may be necessary to establish safe practices to protect both the participants and the researcher. Attention is also needed to the planning of high quality debriefing and 'closure' procedures at the end of the project.

Where there is continuing contact with a violent man, the danger should not be minimised. Powerful emotions are involved, and in some cases the domestic violence may be part of a violent lifestyle where drug use, gang membership, use of weapons or other extensive criminal connections intensify the risk²⁸. The professional has an additional responsibility to judge whether the women may be 'vulnerable' according to a legal definition of the term,²⁹ and if so, to explore her ability to make decisions about her own and her child's safety.

²⁸ Links between serious domestic abuse cases and other criminal behaviour are demonstrated in a Metropolitan Police Study (Richards and Baker, 2004).

²⁹ Vulnerable Adult Legislation (see website).

Overall, the aim is to enhance the lives of the participants and to enable future positive developments for those in similar situations.

4. Emergent design case study form of action research

4.1 Emergent design case study

The practicalities of the study context, the theoretical framework, and the ethical principles and practices adopted led to a case study form of action research.

Hammersley and Gomm (2000) describe this as: “Study of cases created by the action of the researcher but where the primary concern is *not* controlling variables to measure their effects.” (Hammersley and Gomm, 2000, p.4, emphasis in original). Participant observation is the principal source of data and reflexivity is the main analytical tool.

As is clear from the ethical discussion above, for professional and research purposes very similar ethical principles applied. The need to protect potentially vulnerable adults as well as child participants meant that great care was taken to avoid increasing their problems, and to protect them from the potential of further physical or emotional harm. Therefore the views of the participants were regarded as of high importance and treated with respect, with the purpose of making children and women’s voices central to the findings and to the presentation of the findings. This included incorporating thoughts and suggestions they provided, such as information to professionals about how they would like to be treated and what support is most needed. Taking on board these comments as the research proceeded necessitated an emergent design. Changes to the intervention, or to the research process might be indicated by ethical considerations. New possibilities suggested or seen as relevant by the participants could be adopted; this also applied to findings that emerged implicitly without being mentioned by any participants or were identified through early reflective analysis of the data.

This research was framed as an exploration from a feminist angle, a process bearing some similarity with action research, for example in its involvement of participants, its link with practice and its reflective approach. However, the exploration was set to occur between a single researcher and a sequential stream of participants who would not necessarily want to meet each other and who were not involved prior to the intervention in any aspect of determining or guiding either the intervention or the research process. It soon became apparent that a case study approach was optimal in the circumstances. The possibility of bringing the families together at a later date was kept open with a request to the participants made at the outset.

A case study can be defined as: “a detailed examination of an event (or series of related events) which the analyst believes exhibits (or exhibit) the operation of some identified theoretical principle.” (Mitchell, 1983, p.170). The theoretical principle identified for this study is the value of narrative in mother-child communication about difficult life circumstances. The detailed examination, through participant observation, involves combining empathetic understanding of the individuals being observed, with the ability to retain some more objective perspectives in order to make analytical judgments and interpretations of the data. An exploration implies that anything interesting, exciting, or new should be recognised and recorded. On the one hand one might assume that a good knowledge of relevant fields would help the recognition of the new, but an alternative view might suggest that looking with ‘new eyes’ might enable fresh understandings and observations.

Geertz (1973) argues that ‘thick description’ is essential to the qualitative researcher in portraying the context within which people are acting (Geertz, 1973, Chapter 1, ‘On Thick Description’). In a case study, the intensive involvement with a few participants enables the necessary attention to detail. The detail might be expressed in their language, behaviour in the interviews, body language, expressions of emotion,

descriptions of events and people, their self-presentation to the researcher, and the texts and artefacts produced. Examination of these details can potentially increase understanding of how and why they act as they do, which contributes to the description. In addition to this observational detail, the background information the researcher holds about the nature of domestic abuse, or coercive control and its impact on other women and children adds to the understanding. This background information informs the moment by moment judgements on how to relate and respond to the women and children. However, Geertz's argument extends to sharing this knowledge and understanding to enable the reader to empathise with and respond to the children and women; going beyond the analysis of 'cases' to recognition of real people and their lived experience. What matters at any point is the experience of this child and this woman and the ability to fully attend and hear what they are saying.

Lincoln and Guba (1985), in their discussion of transferability of findings from case study methods, argue that the thick description must: "specify everything that a reader needs to know in order to understand the findings... [which] must be interpreted in terms of the factors thickly described." (Lincoln and Guba, 1985, p.40).

Although a case study approach was adopted, some aspects of action research were relevant and are discussed below.

4.2 Action research

This study meets some of the definitions and criteria applied to action research; for example: "a form of self-reflective inquiry undertaken by participants in social situations" (Carr and Kemmis, 1986, p.162); and "a process of *mutual learning* between staff and clients" (Winter & Munn-Giddings, 2001, p.54, italics in the original).

Hart and Bond (1995) categorise action research by seven criteria that together are held to distinguish it from other forms of research. The criteria are 1) an educative base, 2)

individuals in groups, 3) a problem as the focus, 4) a change intervention, 5) improvement and involvement, 6) a cyclic process, and 7) a research relationship with participants (Hart and Bond, 1995, pp.40-41).

Using the above criteria Hart and Bond identify variants of action research. This research project embodies aspects of two of these variants; those described as 'professionalizing' and 'empowering' respectively. These two variants can be recognised in relation to Hart and Bond's criterion: "Action research is educative" (1995, p.38); both the intervention and the research process developed around it can be viewed as 'consciousness raising', bringing tacit knowledge to conscious awareness for the professional (professionalizing) and for the other participants (empowering).

A number of these characteristics of action research can be recognised in aspects of the current study. Both participants and the researcher are involved in reflective practice; revisiting past actions and decisions, reflecting on current circumstances and anticipating future situations and possible life courses. The context of the research is addressing a perceived problem and working with the participants using a communicative approach that respects their strengths and viewpoints and seeks to involve and empower them through the development of increased social and emotional well-being. The children and women are additionally involved in the research through monitoring and reviewing how the narrative process affects them, and identifying and evaluating any changes they attribute to the intervention.

However, the research did not start from a position of: "negotiated definition of problem by less powerful group(s)", which is a 'distinguishing' criterion included by Hart and Bond (1995, pp.40-3) in their characterisation of the 'empowering' variant of action research. The identification of problems to be addressed, and possible solutions to these problems, was carried out prior to the recruitment of families to participate. The study addresses professional issues that were raised by the researcher and is based on questions developed through practitioner experience of women and children who

have experienced domestic abuse. However, the focus is also clearly on the service-user and should enable users' perspectives to be heard by other professionals through dissemination of the understandings reached during the project. Unlike many action research projects described in the literature, a single professional is involved in exploring the implications of a carefully prepared intervention. An action research methodology involving other professionals was not practical due to the limited time available. However, others with an interest in the process and the outcomes have been kept informed and involved in discussion of the findings within the constraints of confidentiality for the participants.

Consideration was given to the involvement of children and women as full research participants, replacing the more common co-workers in that role. However, the formulation of the problem to be addressed is very focused on a professional concern, and a key difficulty predicted was that of the engaging participants *in advance* in the review and evaluation of the professional role. One cannot enforce participation in research: "to view participation as something that can be imposed is both naïve and morally suspect" (Hart and Bond, 1995, p.57, citing Greenwood *et al.*); therefore an extensive participatory role for the women and children was considered unworkable. A solution was seen to be to explain the research to participants as 'reflection on professional practice', and to invite their comments and further discussion on the matter, without any pressure to be involved. Thus a modified, case study form of action research was adopted (Hammersley and Gomm, 2000, p.4).

5. Reflexivity

The discussion on feminist ethics, in Section 3.1, pp.81-2, drew attention to the need for reflexivity in feminist research. It will be argued here that by the very nature of

feminism this reflexivity must take a sophisticated form, which incorporates multiple sites for, and levels of, reflection.

Reflection was central to all aspects of this study. The intervention was aimed at creating reflective thought in the participants as they negotiated an account of their past, began to sense its implications, and to reflect forward onto the possibilities for their future(s). The intervention depended, in part, on the researcher being able to reflect during the sessions, and support the participants in their explorations. The later reflection, reviewing each session held, the child-woman negotiation, the materials produced and the significance of the narrative, were essential to the iterative nature of the study. The further development of this approach to work with women and children depends upon reflection about its potential in different situations, with appropriate adaptations to enable practitioners with varying strengths and understandings to implement the process effectively.

As mentioned briefly at the beginning of this chapter, the ethical imperatives of this study called for a reflexive methodology that addresses sensitivity to the meanings of the participants, critical interpretation of the data and the contexts in which data has emerged, and attention to the language and linguistic context within which aspects of participants' lives are discussed and reported. These three aspects of reflective practice are discussed below.

Firstly, building on from the discussion of ethical and feminist principles in research, there was a clear responsibility on the part of the feminist researcher to act sensitively in relation to participants' meanings. This included reflecting on the empowering behaviours and attitudes that enabled participants to express the understandings they brought to the research context. Any questioning or prompting was seen as part of a three-way conversation that enabled co-construction of meanings and understandings that cohered in and around the narrative. Further reflection explored the way in which meanings were derived during the intervention and through participating in the research. Emerson and Frosh (2004) argue that to enable the voices of participants,

attention must be paid: “to privileging rather than appropriating the ‘traces’ or cues of persons’ own meaning-making, and to hearing how ‘culture “speaks itself” through an individual’s story’ ” (Emerson and Frosh, 2004, p.50, citing Riessman, 1993: 5).

Secondly, here, as in Emerson and Frosh’s research, the reflection was informed by a critical feminist understanding. The view of domestic abuse as coercive control, developed in Chapter 2, pp.57-63, elicits a perspective of women and children whose rights have been over-ridden by geographically and historically widespread discourses that promote men’s entitlements over those of women and children. This view informed the critical dimension to the intervention, the implementation of the study, and the interpretation of the findings; it could not be set aside. It represents a political and ethical stance that rules out neutrality. The political nuances may be complex, but the overwhelming imperative, to support the human rights of women and children and to reduce the misery caused by domestic abuse, is a clear instance of moral responsibility. However, the critical stance also includes a moral imperative to a reflexivity that questions all instances of power, and seeks out incongruence and challenge; asking who is benefiting? and who has the power here?

A third locus of reflexivity relates to how written language is used to construct accounts and map out positions when presenting data, analyses and findings to a wider audience. The emphasis here started with the use of recording and transcription techniques that reflected, and made as transparent as possible, the actual language of the participants and the conversational context in which their meanings were developed and explored.

Emerson and Frosh (2004) again offer pointers: “each individual speaker’s narrative is studied in detail for its own sake, for what it says about that person’s subjectivity and subject positioning” (Emerson and Frosh, 2004, p.148). Sometimes, in reports, excerpts are reported as ‘sound-bites’ in an account that is logically separate from that of the context within which its original sense is held. During the writing process

reflexivity is required to identify whether the result is more a product of the researcher's argument than of the intentions and understandings of the participant(s). Emerson and Frosh (2004) use detailed discourse analysis as a method that offers a high degree of reflexivity; however, even where time constraints preclude such a procedure, the possibility remains of creating structures that provide additional transparency and support reflective processes.

Alvessen and Sköldberg in *'Reflexive Methodology'* (2000) recognise the way in which different aspects of reflexivity draw on disparate philosophical bases, and they emphasise a variety of interpretive patterns (Alvessen and Sköldberg, 2000, p.6, p.287). They review major intellectual streams in relation to qualitative research:

indicating some important themes in data construction (interpretation) and text production (authorship) of research work, to conceptualize these in such a way as to stimulate awareness, and to provide ideas about care and reflection in planning, interpreting and writing during the research process. (Alvessen and Sköldberg, 2000, p.6)

They believe that: "social research without philosophically informed reflection easily becomes so unreflective that the label 'research' becomes questionable." (Alvessen and Sköldberg, 2000, p.6)³⁰. They argue their case for reflexive methodology using examples from four currents of philosophy. These four traditions; data-orientated methods (of which grounded theory is the main example used), hermeneutics, critical theory and postmodernism/poststructuralism can be understood respectively as examples of simple, double, and triple hermeneutics, and a fourth level of reflexivity (Alvessen and Sköldberg, 2000, p.144-5). They call this composite approach 'reflexive interpretation' which they outline thus:

Here we make a demand for research in conjunction with interpretation at several levels: contact with the empirical material, awareness of the interpretive act, clarification of political ideological contexts, and the handling of the question of representation and authority.
(Alvessen and Sköldberg, 2000, p.238)

³⁰ Crotty makes a similar point, he states that without: "theorizing embedded in the research act itself... research is not research." (Crotty, 2003, p.17)

They claim that good qualitative research should be aware of the possibilities and problems suggested by these four themes and use them systematically: “the point is not to integrate ... but to try and abstract principles and ideas with a view to endowing qualitative research with a more reflexive character.” (Alvessen and Sköldberg, 2000, pp.8).

Alvessen and Sköldberg, like Adorno and Crotty, are emphatic about the importance of the empirical in qualitative research:

Given the difficulty or even impossibility of describing or interpreting ‘objective reality’ (or people’s intersubjective, socially constructed reality, or their interior psychological worlds), we could simply decide to stop doing empirical research... (Alvessen and Sköldberg, 2000, p.240).

However, they believe that their view of reflexivity encourages:

greater freedom and, what is more, greater sophistication in attitudes towards empirical work, motivating a rather radical reorientation of ambitions and aims. ... Less concentration on the collection and processing of data and more on interpretation and reflection – in relation not only to the object of study, but also to the researchers themselves and their political, ideological, metatheoretical and linguistic context (Alvessen and Sköldberg, 2000, p.241).

For guidance on how to implement their: “fruitful path for qualitative research” (Alvessen and Sköldberg, 2000, p.241), they offer a range of broad strategies and some practical pointers on how to begin.

The traditions described by Alvessen and Sköldberg: Level 1 grounded theory, Level 2 hermeneutics, and Level 3 critical theory, relate to emphases in this study.

Respectively these are: listening and using the participants’ statements to derive conclusions; attending hermeneutically to participants’ meanings by being aware and reflective about how they were constructed in the sessions; and using a critical stance provided by feminism and critical realism to privilege participants’ meanings within an ethical framework that recognises meanings as causal factors (see below p.96).

In spite of their apparent move away from questions of how things ‘really are’ (2000, p.241), Alvessen and Sköldberg’s understanding of reflexivity is compatible with critical realism.

Critical realism identifies phenomena at different levels as real:

Real structures exist independently of and are often out of phase with actual patterns of events. ...experiences are often (epistemically speaking) ‘out of phase’ with events - e.g. when they are misidentified. ... I will argue that what I will call the domains of the real, the actual and empirical are distinct. This is represented in [the] table below: (Bhaskar, 1975, pp.14)³¹

	<i>Domain of Real</i>	<i>Domain of Actual</i>	<i>Domain of Empirical</i>
<i>Mechanism/Structure</i>	✓		
<i>Events</i>	✓	✓	
<i>Experiences</i>	✓	✓	✓

Structures, mechanisms and powers³² are seen as belonging to natural and social objects, such as people, organisations, cities and are classified as real. Events are what actually happens, regardless of whether they can be perceived, and experiences (the empirical) are what can be perceived, the ‘sense data’. It makes perfect sense to explore complex situations (such as domestic abuse) with reference to these three different domains. All phenomena from these domains are seen as having causal powers. In asking how an intervention can support communication between mother and child, causal processes are assumed, and the causes are inherent in the agency and interaction of the participants. Through interaction, new ways of thinking and looking at events and experiences may come to the fore; these enable changes in perceptions, plans, and beliefs, that alter future actions. By adopting a critical realist perspective an assertion is made that structures, events and experiences may be described as possible contributory factors to any change that occurs.

³¹ Sayer (2000, pp.11-12) provides further elucidation of this triple categorisation.

³² Bhaskar sometimes uses ‘powers’ interchangeably with ‘structures’ and ‘mechanisms’

6. The nature of the intervention: '*The Tale That Can Be Told*'

6.1 Introduction

The intervention was created and named as the study developed. The research methods were then finalised, building from the theoretical approach described above. The fieldwork is described in Chapter 5, pp.106-118, while this section explains the way the intervention works.

The intervention is a family learning process that supports the full participation of both generations in generating autobiographical accounts of events that have happened within their family and about which they each have different memories.

The aim of the intervention is to support the social and emotional well-being of women and their children through providing the opportunity to develop greater communication between the mother and one of her children in relation to the experience of domestic abuse by the development of joint narrative which supports their understanding of, and ability to deal with the shared experience of domestic abuse.

6.2 Introductory material: framing the intervention

From the first contact women are introduced verbally to the idea that the sessions, known as '*A Tale That Can Be Told*' will involve a shared narrative and that this will be a chance to talk about the domestic abuse that they lived with in the past. They are told that this is an opportunity to contribute to communication with their child and that it is designed to help them and their child to build confidence and communication with extended family members, friends and perhaps supportive professionals. They are told that the emphasis is on enhancing social and emotional well-being for themselves and their child. Another possibility that is raised at the beginning is that they may be

willing for their story to be shared with other children and women in a similar situation. It is explained that the story can be altered to ensure anonymity while retaining a message that can be helpful for other families.

Once a mother has agreed that the intervention could be helpful for herself and her child, the child is involved, preferably by the mother talking to her/him first, followed by a separate discussion with the worker, to ensure that the child is making her/his own choice to take part. If there is any doubt about the child wishing to be involved the intervention should not go ahead.

6.3 Risk assessment and safety planning

The topic of the intervention is such that the participants may still be living with implicit or actual threats of abuse. For example, children may be having contact visits with fathers who have behaved violently to them in the past; a women may be getting threats from an ex-partner via members of her family. As described in Chapters 2 and 3, the negative consequences of working with vulnerable women and children can be serious. There are two types of danger relevant here. Firstly, the danger that an abuser could object to the family's involvement in the project and cause harm, and secondly the danger that re-telling traumatic events could raise personal and emotional issues too complex for the worker to address satisfactorily.

Peled (1998) in a discussion on group work, refers to the difficulties that can be caused when an abusive man objects to his child receiving support to recover from the effects of abuse "Several of the fathers openly, and sometimes aggressively, opposed their children's group participation." (Peled, 1998, p.32). A father's expected opposition in some cases may have led to the child's involvement in the project being kept secret from him, although the child might be having regular contact with the father. Peled (1998, p.32) notes that this could create a tension in the child's relationship with the

father and interfere with the aim of opening up communication about the abuse in the group.

These and other possibilities of danger are assessed with participants at the start of each meeting with the worker, who should have experience with similar clients. The risk assessment is a standard procedure that identifies any current risks (or, in subsequent meetings, new risks that may have arisen). It is followed by discussion around a safety plan (Appendix 2) to ensure the family's and worker's continuing safety and also addressing the family's needs for access to reliable family, friends and/or professionals for emotional support. If existing social and professional contacts are insufficient, in the worker's considered view, to meet the needs identified in the safety plan, referral to an appropriate service for more intensive support or intervention is indicated. In extreme situations support, sign-posting and referral activities are prioritised over the family narrative sessions.

6.4 Content of the three project sessions

In the initial session the safety planning is started and current family details elicited. The child is then given a STOP sign and told how to use it to stop the worker, to refuse to answer a question, or to take a break (Appendix 3). With agreement a tape or video recorder is started; this is explained as the best means for the worker to get the story exactly right in the actual words of the child and mother. This leads straight into one or more ice-breakers, to enable mother and child to start responding together to the worker. The first prompt is 'Where did the story begin?' This may need to be teased out, but is an easier question to answer than 'when...?' because 'where...?' is more likely to elicit a visual memory which is specific to the abuse, whereas 'when...?' may elicit a response such as 'three years ago' which is less likely to be attached to a specific visual memory. 'When...?' can be used as a further prompt, whether or not a satisfactory first answer is received. The session continues conversationally and the narrative emerges through a further series of informal prompts over the three sessions

with the family. Key sections of narrative are edited from the taped material and produced in a suitable format, such as a book, for the child.

The book, or other written material, is re-edited into a permanent record of the work which is presented as a gift to the child and is available for children and mothers to use and keep. The second and third sessions start with a check-in to ask how things are for the family at the moment. This leads into a revision of the safety plans, looking at the materials written up so far, re-editing any material that needs changing, and continuing the story. Also included are a discussion of the ongoing process of story-telling, and negotiating differences in the child's and adult's perspectives, responses and meanings. Finally, a discussion is held around the appropriate storage of the materials, and their uses in the future within the family. The possibility of wider audiences for the completed narrative is also considered; for example there may be a teacher, or other school adult who the child trusts and who, with greater understanding of the circumstances, could be more supportive to the child. Negotiations and guidance are provided to support the child in how to decide who is a trustworthy and reliable adult to confide in, and around how much to tell. Where the child and woman are willing or interested in the possibility of their story being used with other families, a negotiation about suitable anonymity is required, and agreement sought about how it could be used and controlled in the future.

At every meeting children and women are reminded of their right to withdraw, to miss out a question, or to be silent. They are reminded of the worker's responsibility to report any evidence that the child is at serious risk. At any point, if the child or mother indicates the need for a break this is agreed immediately, and the opportunity to re-start is offered. If there is any doubt the questioning is stopped and mother and/or child are asked "Do you want to stop? Are you OK to go on?"

Over the three sessions a meaningful story gradually emerges; a version of experience that resonates with and describes context and events and explains something about

what that means to the child and woman who own the story. More changes to the materials may be needed after the final session. The amended items are returned to the family by post, if that is safe in the circumstances, along with the farewell card that is sent to all families.

6.5 Practical arrangements

Simple food and drink is provided at each session to increase the comfort of the participants, who may come straight from school, and to reduce the potential stress and formality of the occasion.

Materials for the child, such as crayons, colouring books, decorated post-it notes, are also provided to avoid the child becoming bored, to enable some physical activity and to encourage the child's preferred communication methods. 'Ice-breaker' and 're-starter' activities (such as card-games, drawing or looking at 'emoticons') are provided so that at times when the story is faltering there is the possibility of changing the tone of the session, through increased informality, relaxation, and fun. This can help to get interaction going between mother and child and lead into more serious conversation. However, these activities need to be introduced tentatively as they can also embarrass or discomfit some participants.

Sessions can be held in the child's school where this is agreed by the school, the child and the mother. The school can represent a safe place in which to meet a new professional on relatively neutral territory, and future support from a school professional may be elicited through the contacts made. However, some families might prefer to meet in a separate venue, that they feel is more neutral, and others would prefer to meet in their own homes, although it is advisable to establish the safety of this option through undertaking a joint initial visit with another worker and following the usual professional risk and safety procedures.

The sessions are best held outside lesson times wherever possible, as this avoids potential conflict with the school, the child missing key lessons, or the child feeling excluded from time with friends and/or favourite activities. However, holding the sessions after school can cause pressure in other ways, reducing the child's leisure time, the time available for other siblings, and child-care difficulties for younger siblings. Withdrawing the child from class is preferable if the school seems understanding and sensitive, and the mother and child are happy with the arrangement.

6.6 The role of the worker

The role of the worker in relation to all the above procedures is complex. Firstly she needs a strong ethical stance, as discussed in the last chapter, based on a feminist approach to women and children with a good understanding of the risks and dangers of working in the domestic abuse field. Coupled with this she must have a firm knowledge of how to proceed if dangers or difficulties are uncovered, seeking urgent supervision and advice as indicated. The worker should consider the possibility of presenting herself as: "an unusual type of adult" (Christensen, 2004, p.10) in order to distance herself from professional adults such as school personnel who have a strong controlling responsibility for children. The 'unusual' might be expressed in dress, manner, and in the assertion of the child's right to choice and control in the situation; capturing the child's words as exactly as possible and following the child's leads whenever possible.

Eliciting the narrative requires a range of skills; among them sensitivity, responsiveness, acceptance, rapport with children as well as adults, attentive listening, reflecting back (which can include summarised statements presented tentatively for confirmation or rejection). Further the worker needs to find ways of exploring memories and know when to seek clarification, and when that would constrain the story-telling, and maintain a watchfulness for metaphors that are powerful carriers of

the story. The professional also ensures a continuing relationship with each participant and supports the relationship between the participants.

The knowledge, understanding and skills essential to this purpose include experience of the stages and norms of children's behaviour and understanding and the ways in which these can vary within different contexts. Understanding of the patterns that can exist in situations of a child's exposure to domestic abuse is also important. In addition to attention to each individual's ways of expressing their needs and wants, an awareness of social and contextual constraints that may be affecting the responses given is also important.

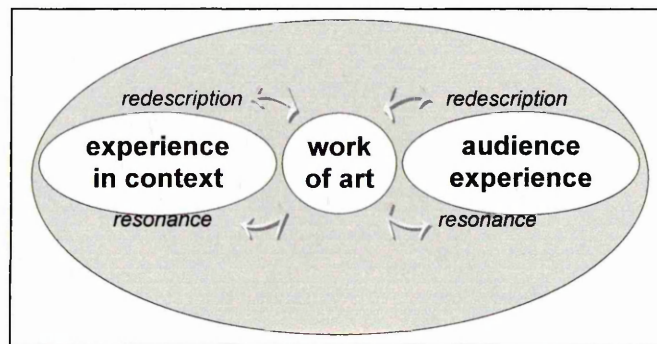
The next stage is to explain and discuss how the transcription will be undertaken, and to encourage any involvement the family are able to have in this process, writing sections, drawing pictures, or providing photographs to illustrate the context of the story. This is also a good opportunity to clarify beginning and ending points.

The practitioner takes the tape away and listens to the narrative, noting the emotional indicators, and the background context. A new set of skills are needed; firstly identifying significant events and, picking out the key sections that describe them, piecing elements together along a time line. Then finding ways of making the story flow, using the informants' own words wherever possible, and co-locating fragments of the narrative that help the reader make sense of the material. This involves note-taking and then transcribing key statements to go into the actual account. The family may need further encouragement in their role of reading the transcripts, or viewing the DVDs, to ensure that they are happy with what has been recorded.

The (joint) process of the creation of the narratives, in the sessions, and through the editing process, is a family learning process that is producing a work of art, an autobiographical book or account. Descriptions of events from two sources, mother and child, are sequenced and developed into a story designed to be accessible and to

make sense to the child, and possibly, at the family's discretion, to a wider audience. For the child and woman, seeing their story in print, and sensing the events and experience from the perspective of a reader, provides further opportunities for reflection and reassessment. If they give their permission for the materials to be produced in an anonymous form, to be used to enable others to learn from the family's experience, this adds a further distance from the story. The final narrative products, in re-describing personal events and the associated experiences and re-defining the meanings they elicit, create a resonance of the experience of domestic abuse within the family. The product of the intervention, be it a book, a piece of writing, or an oral presentation of the story captured on DVD, links the experience of domestic abuse to a specific context. The audience, in hearing, reading, or viewing the product has the possibility of recognising re-descriptions and resonances of their own experience

Figure 2



Experience and audience: redescription and resonance

(derived from the work of Blumenfeld-Jones, 1995, pp.30-33).

7. Summary

In this chapter I have explained the epistemology of the study. The feminist approach prioritises a focus on women's place within social structures, as well as their experience of being vulnerable as women and as mothers. This approach has been

linked with a social constructionist epistemology which elucidates how meanings are created in socio-cultural situations. Theoretically, Bhaskar's critical realist ontology provided the link between social constructionism and the participants' need to base their accounts on real events that they can remember and describe, it also clarifies the way in which causal factors can be attributed, which is important as the study claims to create change through events and actions, such as emotional communication. Some elements of action research were combined with case study and reflexive analysis, to derive data that supports the claims made with 'thick' description and multiple voices. In addition the products developed with and for the children are seen as 'works of art' with their own powers to create resonance in an audience.

Attention has been paid in this chapter to the presentation of the researcher, the ethics of the procedures and the three-way relationships between researcher and participant children and women. These elements are seen as essential aspects of the feminist approach and the professional and research ethics adopted. The form of the intervention is described in detail to illustrate how the actual practice on site reflected the priorities. The next chapter picks up further details of the methods, fieldwork and analysis.

Chapter 5: Methods, Fieldwork and Analysis

1. Introduction

The discussion in Chapter 2 covered United Kingdom policy and practice in the field of domestic abuse with particular reference to its impact on children. The area of communication between women and children who have left abusive situations, was identified as the focus of this thesis. Examples of existing interventions with women and children aimed at improving communication between them were considered and a new intervention, conceived as a family learning activity for mother-child dyads, was developed. Chapter 3 covered areas of research that could inform the nature of this dyadic intervention, in particular sociological theories and theories of child development and the nature of social and emotional well-being, the definitions and theoretical stances adopted by researchers and practitioners in the field of domestic abuse, the use of narrative, and family learning. Chapter 4 provided discussion of the methodological issues underpinning the research, and outlined of the nature of the intervention and its practicalities.

The research addresses a number of uncharted areas; firstly exploring family learning in a mother-child dyad; secondly addressing emotional and social well-being through family learning, and thirdly using narrative as the preferred form of engaging with a family who have left an abusive situation. There has been little previous research into the implications for practitioners and researchers of listening to children and mothers talking about their joint experiences.

The decision to undertake participant research concurrently with providing an intervention meant that a number of potential difficulties had to be resolved. This chapter provides an explanation of how the research principles were put into practice with particular reference firstly, to how the research was attached to the intervention, and secondly to the methods of analysis.

2. Research Methods

An opportunity sample of women and one of their children aged 7-12 was contacted through the Step by Step project run by Sheffield Domestic Abuse Forum, with full cooperation of the Forum Coordinator and trustees. Step by Step is a group-work programme that offers ten parallel sessions for groups of children aged seven to eleven and their mothers, and runs twice a year with approximately 12 to 16 participant families in total per year. Participant women from the previous three years were approached and initial permissions sought by the Step by Step Coordinator, who was given a script to use to introduce the intervention and the research project simultaneously (Appendix 4). I then made short introductory phone calls to explain more about the project, to answer any questions and to set an appointment for an initial briefing session. The characteristics of the sample are summarised in Appendix 5.

The initial appointment was held with mother and child present³³. The contents of the initial briefing were covered in a letter, which was drafted to be appropriate for child and mother. They each had a copy, which I read through and discussed with them in the meeting (Appendix 6). The child was asked to wait outside briefly, with age-appropriate activities provided, while I went through the letter and the permissions with the mother. This process recognised the right of the mother to protect her child from anything she deemed inappropriate and to understand the confidentiality and anonymity that would be afforded the family. In every case the children were given their own letter and seen separately from the mother for at least ten minutes to enable their separate informed consent. This ensured that they understood what the project was about, that they had their own right to opt out, regardless of their mother's wishes, and that this opt-out could be immediately or at any later time. At this time the stop sign (Appendix 3), was also given to encourage uptake of the right to refuse to answer questions, or the need for a break. Children's understanding of this procedure was

³³ Family B was the one exception to this pattern – see below pp.126-7.

checked with their mothers present, as this excerpt from **Delilah** and Diane's introductory session shows:

JK: Do you want to tell mum about the cards you've got in your hand?
Delilah (Diane): Yes.... When I want to stop something I just hold that one up
– OK? (OK) {Shows red card}
JK (Diane): And we can either switch off, or we can close the lens cap...(OK)
Delilah: And when I want to start again I can just and that'll be GO Shows
green card
JK (Diane): OK – and that's just to help kids have the confidence to know that
they've got to be in control – because domestic abuse is about – is often about
somebody else forcing you to do things and controlling (that's right) – so
that's what we're trying to do to make it as much as possible that you're in
control. OK? Anything else? Are you both OK about going ahead with it?
TRANSCRIPT

Work only continued after children had agreed.

Following the introductory interviews to establish informed consent and commitment, the three one-hour intervention sessions with mother-child dyads were held. During the story-telling sessions the narrative was elicited using a conversational approach (Emerson and Frosh, 2004, pp.25-6; Riessman, 1993, p.55). Attention was paid to ensuring participation of child as well as mother and that the children's needs were met (see previous chapter).

The preliminary interview was audio or videotaped after permission for this had been given. All further sessions were taped and transcribed. Emerson and Frosh (2004) describe how: “[t]here is an inevitable movement back and forth between the activities of transcribing tape to text, and developing understandings which are driven by (implicitly and/or explicitly) preferred theories, interests and values” (Emerson and Frosh, 2004, p.31). An early decision was to make transcripts that were as informative as possible; including the researcher's voice, marking interruptions and minimal utterances as well as well-formed words and longer phrases, and including descriptions of non-verbal activity such as laughter, gestures, play and eating. These dimensions were essential for this study in order to identify how the children and women were engaging and negotiating; non-verbal interactions between child and mother gave

important clues to the nature of the understanding between them. It was also important to be able to track and reflect on my own contributions, and the responses they elicited. The transcriptions were also used to create the child's *'Tale That Can Be Told'* about the abuse. The transcriptions and other materials were taken back to the dyads and further edited, where necessary, in negotiation with mother and child. The final approved story-book or other materials were then presented to the child. Anonymous copies were made for research purposes.

Some time in the final session was allocated for debriefing of participants. In particular, close attention was paid to the planning of high quality 'closure' procedures, given their importance to women and children who have often lived through separations and loss of family, home and friends. Finally, questionnaires (Appendix 7, App.pp.12-4) were sent out for the women and children to complete together. This provided a brief evaluation of the intervention 6 months after the final session with the last family³⁴. The questionnaire results are presented at the end of Chapter 6.

The final data consist of DVDs, transcripts, copies of the documents used and/or created in the introductory and story-telling sessions, and those based on the transcripts, plus research notes. The analysis draws on these data and on the literature of reflective practice and narrative research.

3. Operational Matters

In light of the high level of risk discussed earlier, confidentiality is of particular importance to those fleeing violence. All written material was coded and names replaced at first transcription, and it was stored securely. Any material to be shared with the women and children was first shown to them in a situation where they were

³⁴ For the first families interviewed this was over a year after their final sessions.

safe. Using the postal system was avoided, apart from a few occasions when it was appropriate to post materials with the woman's agreement. One woman who had to cancel a session requested that I post the child's book, another woman could not be contacted prior to sending a questionnaire by post, so it was not sent; instead a card was sent with a brief message to appear as if a friend had lost her mobile number and asking her to contact me on my (research) number. Unfortunately she did not respond.

The topic of the research is such that some participants were still living with implicit or actual threats of abuse. For example, some of the children had contact visits with fathers who have behaved violently to them in the past; one woman was getting indirect threats from an ex-partner. A risk assessment was undertaken with each woman and each child at the beginning of the intervention, (see Appendices 2, and 6, Letter, App. p.9). Any changes that occurred were noted at the start of each subsequent session. The venues were selected with security in mind and were checked separately with each family. The researcher kept a mobile phone switched on at all times. Other safety measures were undertaken in line with professional and university guidance.

To the researcher a child's (or a woman's) claims may seem improbable – but it is important to recognise 'Murphy's Law' – which can be stated as: 'anything that *can* happen *will* happen somewhere, sometime to someone'³⁵. Experienced domestic abuse workers recognise that there is always a new twist to the old story, and respond with an attitude of belief while recognising the sometimes extraordinary content of each child or woman's narrative. As a result of the need for confidentiality some of these unusual details that mark out the individual experiences of participants must remain private. However, the emotional content of the narrative sessions can be reported fully.

Time was allocated to convey separately to the child and the woman the nature of the intervention, and of the research. For the child, understanding the nature of research

³⁵ The 'law' is often formulated thus: "If anything can go wrong, it will." Hecht (2003).

may prove difficult. One ten year old involved had undertaken research in history and commented: “it’s finding out about the past” to which the response was that research was also about finding out ways of doing things differently, and hopefully better, in the future. Other children recognised immediately that their experience could be useful to other children who had similar problems (see Questionnaire Results, Appendix 11 App. pp.27-30, and Chapter 6, Section 9, p.161).

The seventeen video recordings, and three tape-recordings, made of woman-child dyads enabled detailed transcripts to be made of each session and complemented the brief notes made on site. The presence of the tape or video created an awareness of performance in women and, more noticeably, in the children. This could have lead to ‘over performance’, distraction, or conversely inhibition. However, the recordings could also provide a motivation to express the story clearly and, if the DVDs were used by the family between the sessions, increase their opportunities to reflect on the material.

Attention to the child’s needs in the research situation could be compromised by the presence of the mother. For example, a mother describing her own experience could get carried away in a flow of narrative that reduces her awareness of the child and may touch on something that could be disturbing or for which the child is not ready. Although I was aware of this possibility it did not occur in any interviews.

At first I planned to hold initial meetings in the child’s school. This was thought to provide a safe place in which to meet a new professional on relatively neutral territory, it was also thought likely to make future support from a school professional more likely. However, there were unforeseen complications. One school took three weeks to agree my request for a meeting-space and to check out my professional credentials. The knock-on effect, ironically, was to reduce the woman’s confidence in me, and secondly, the delay meant that an alternative venue had to be found for the final session which fell after the end of term. However, a total of four schools provided suitable

accommodation. Three other venues were used, and a number of sessions took place in the home, after suitability had been established through risk and safety analyses.

Some women felt the school context to be intimidating and much preferred to be at home, or in a more neutral venue; they were concerned that their privacy could be breached. However, the advantages of the school involvement were in some ways the inverse of these fears; the school staff could develop a more understanding relationship with the family through recognising the nature of the intervention and the reason for it. The school that took such a long time to respond to my request was acting in accordance with its own procedures to ensure safety for its pupils. Schools are sometimes able to provide very good accommodation free of charge for the sessions, which could prove important in a process of implementing a more comprehensive programme of support for children who have been through the experience of domestic abuse.

Basic data recorded for the sessions held are presented in Appendix 8, App.p.16. The number of sessions per family ranged from 2 to 5, each session lasted an average of 49 minutes and they were spread over 3 to 8 weeks, apart from Family D due to a premature birth just after the introductory session, followed by a six-month gap. The actual contact time with each family varied from 100 to 200 minutes, with the average overall intervention time being 172 minutes per family. Cancellations occurred in every case, partly due to venue problems, but also through illness, bad weather, and forgetfulness on the part of women and children. Family E pulled out after two sessions. Their third and fourth sessions should have occurred during the summer holidays, but we were unable to set up suitable childcare for the younger siblings so we postponed until September. However, this coincided with the child's start at secondary school and the family decided to withdraw at that point.

It was intended to hold a focus group for women and a separate one for children at the end of the intervention phase of the research (Appendices 4 and 6, App.p.8). However,

the logistics of organising the groups proved insurmountable. An alternative was proposed to the six families, which was a party to be held on a Sunday afternoon, which I organised with two experienced domestic abuse children's workers. The plan was to provide activities for the children while the women's group was held and then work with the group of children. The invitation to participate in this model was accepted by five families, but on the day no families attended; one forgot, two had family visitors, one had a bereavement, and one sibling was ill. For this reason a last minute questionnaire was sent out and three families responded.

4. Promoting and supporting narrative and negotiation

For Riessman (1993) telling stories is: “a primary way [to] make sense of experience... especially true of difficult life transitions and trauma.” Riessman (1993, p.4). The role of the professional in this intervention was to enable joint story-telling between child and mother. This meant encouraging a narrative, supporting the children to enter into the telling, which in some cases started with events before the birth of the child, listening intently in order to follow the story and catch each participant's ‘take’ on the experiences being described. Epston (2004, p.2) describes his ‘butterfly hunting’ during interviews in which he awaits a metaphoric expression in order to pounce on it and reflect it back to adult and/or child, encouraging playful exploration of the ideas and emotions encapsulated in their original use of the words. Although this activity of noticing metaphors was part of my initial intention, it proved harder than expected. Perhaps the skill of identifying and reflecting back metaphors takes time to hone, or perhaps it is something that can be a result of reflective thinking after the event (see Chapter 6, pp.157-8).

The narrative will ...“impose order on the flow of experience to make sense of events” Riessman (1993) p.2. However, imposing order is not a simple matter. Riessman's model of the process (1993, Figure 1.1, p.10) is illustrated with an example from her

Figure 3

Figure 3a
Riessman's Levels of
Representation in
Research Process
(Riessman, 1993, p.10 Figure 1.1)

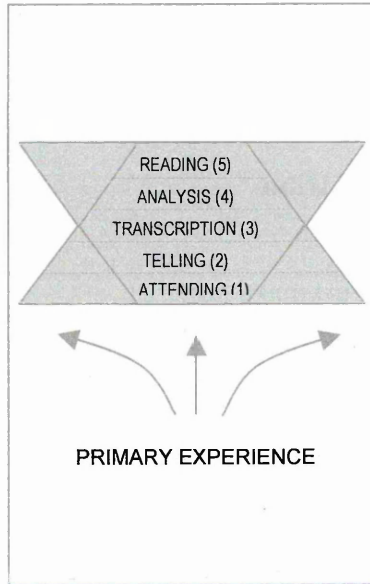
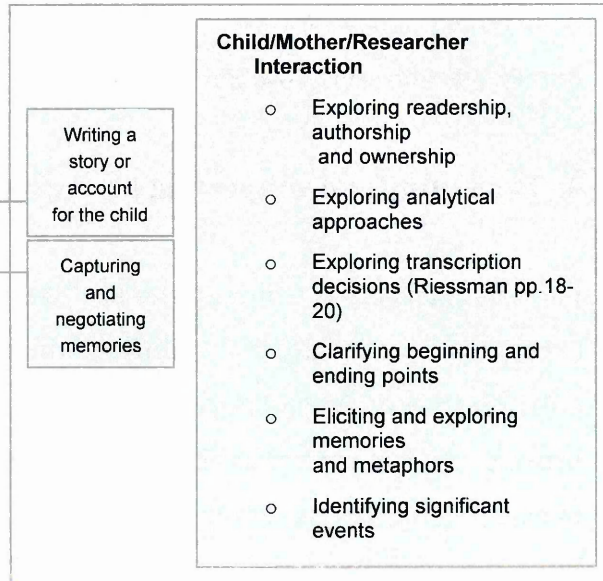


Figure 3b
Reflections on the model's relevance to this study



own life where she attended to fishermen on an Indian beach, and later told her story (see Figure 3a opposite).

My reflections unpicking and developing the implications of Riessman's model for the child/mother/researcher context helped to structure the intervention (see Figure 3b opposite). The women and children brought to the sessions their primary experience and the ability to tell stories together. With my video camera, and the promise of a wider audience via my thesis and potential readers of their stories, I provided the audience. I also anticipated two processes (in the centre of the diagram) additional to those identified by Riessman; we would be capturing and negotiating memories from two people, and writing an account together to be printed for the child to own.

I also anticipated that we would be going through the processes in the right-hand box. Framing the narrative intervention was seen as vital: the women and children were introduced to the title '*The Tale That Can Be Told*' from the initial interview and were expecting to tell a story (see letter, Appendix 6). In most cases I started the video at the end of the introductory interview; and immediately initiated the story with the first question about 'where...?' and clarified the beginning point. In all sessions I used prompts to elicit memories from both child and mother. In spite of my initial intentions I did not clarify endings, nor did I explore analytical approaches with the participants.

5. Analysis

The ethics of the research and intervention, the nature of the verbal, visual, written and collated materials that comprised research data, and the grounding of these materials in past events experienced by the child and/or mother led to an analytical challenge. The ethical stance adopted emphasised the need to avoid harm and support recovery of mother and child, in part through listening and enabling their voices to come through distinctly in the analysis. The complexity in the data comes from the ambiguity, or 'multi-guity' of the meanings and interpretations negotiated between the three parties

to the discussion and narrative development. Some statements, initially accepted as true, as representations of fact, as having meaning as events that happened in a world that existed, later may become the subject of reinterpretation, negotiation, and (in some cases) (perhaps provisionally) resolved into a form that 'will do'. It is sometimes hard to accept one person's point of view over that of another, and belief has to be suspended because of potential accusations or confusing circumstances.

Polkinghorne (1995) draws a useful distinction between 'analysis of narrative' and 'narrative analysis' that correspond respectively to paradigmatic, and narrative cognition:

In the first type... researchers collect stories as data and analyze them with paradigmatic processes... In the second type... researchers collect descriptions of events and happenings and synthesize or configure them into... stories. (Polkinghorne, 1995, p.12).

The 'analysis of narrative' relates to the paradigmatic analyses described below. Each interview was followed by an analysis of the transcript and video data using a table of prompts and questions (Appendix 9, App.p.17), that was extended as the project proceeded. The initial table took the research questions and linked them to the aspects of the proactive role identified as necessary to the effectiveness of the intervention (see Chapter 4, Section 6.6, p.102, and Section 4, p.113 above) and aspects of the reflective role of the researcher as described in Chapter 4, Section 5, p.91.

After each session contributions to the story were analysed through the use of a further table logging actors (who), action (what), scene(s) of action (where), goal(s)(why), and instrument(s)(how)³⁶. A record was kept of decisions made by the practitioner about

³⁶ Many accounts of the nature of narrative include a list similar to this e.g. Riessman (1993) citing Burke 1945, p.xv. Significantly Riessman adds an example of narrative research into violence in marriage: "Hydén (1992) shows how male perpetrators favored words that emphasize purpose (*why* he acted as he did), whereas wives emphasize agency (*how* he beat her) and the consequences of the act, both physical and emotional." (Riessman, 1993, p.19).

the production of the written story; the emotional tone of the story, aspects that were included or omitted, and the provisional construction of the storyline. This was followed by a reflection on the practitioner role. What choices were made in producing the story? why? when? and how? and what are the factors that may change these choices/decisions?

As the research proceeded additional categories were added to the initial proforma and completed for each session. At each revision all previous transcripts and videos were revisited and the extended proforma was considered for each of the 22 sessions (Appendix 10, App. pp.19-26). The notes made included observations, and also reflective comments and interpretations of aspects such as the emotional tone of the participants gleaned from the video, using body language, facial expressions, aspects of their speech including tone of voice, hesitations, speed. The emotional tone was then linked to the verbal content of the narrative. Significant contextual issues, such as a participant feeling ill, or a baby sibling being present were included. Also observed were aspects of the communication and negotiation between the mother and the child, for example logging who initiated a new direction to the communication, the relative length of contributions, occasions where the narrative built up through frequent change of speaker, evidence that suggested negotiations, suppressed conflicts, accommodations between the participants, or where there were indications of information being withheld, or contributions where one participant was thought to disagree with the other but chose to say nothing. Some attention was paid to metaphors, or metaphoric language patterns, as this was identified through the work of Epston (2004) as a sign of opportunity to take the story to a new level.

Finally, a summary document was drawn together, using the most pertinent aspects of each family's sessions, and relating them in a single document (Appendix 10, App.pp.19-26).

Riessman provides an explanation of narrative analysis:

The purpose is to see how respondents in interviews impose order on the flow of experience to make sense of events in their lives. The methodological approach examines the informant's story, and analyses how it is put together, the linguistic and cultural resources it draws on, and how it persuades the listener of authenticity. Analysis in narrative studies opens up the forms of telling about experiences, not simply the content to which narrative refers. We ask, why was the story told *that way*? (Riessman, 1993, p.2).

There are aspects of this description that were varied for the present study. Firstly, the interview was pre-framed as a story-telling session. Secondly, the focus of interest is on how the two respondents work together to construct the story. Thirdly, the process of creation of the narratives, in the sessions, and through the editing of transcripts, was at times a joint process with mother and child. Finally, the story was sequenced and developed into a story designed to be accessible and to make sense to the child, rather than an external research audience as in the case of Riessman's examples. This final stage was a process of family learning with the result being the three-way creation of a 'work of art'. What matters is the extent to which a meaningful story emerges; a version of experience that resonates with and describes context and events. The first audience consists of child, mother, professional each listening to what has been said by, and for, each of the others. *'The Tale That Can Be Told'* has to be powerful enough for the practitioner (and other outsiders) to feel that this does in some way describe what has happened, and does explain something about what that means to the child and woman who own the story.

Riessman identified questions: "related to standards for 'good enough' narrative inquiry" in social work research (Riessman and Quinney, 2005, pp.397-8). In the current study, narrative analysis is only part of a case study type of action research, and is used as a means to establish how two participants co-produce with a researcher an account of their experiences. In spite of the difference in approach, these questions have helped to identify how the analysis might proceed effectively. Riessman asks:

Was the work empirical, that is, based on systematic observations? Did analysis attend to sequence and consequence? Was there some attention to language, and were transcriptions made and inspected? Did analysis attend to contexts of production (research relationships, and macro institutional contexts)? Were epistemological and

methodological issues treated seriously, that is, viewed critically, seen as decisions to be made, rather than 'given' – unacknowledged? ... Intensive case studies of particular interactions with clients using critical reflexivity? Boundaries between clinical inquiry, reflective practice and research on clinical process are not always clear. (Riessman and Quinney, 2005, pp.397-8)

Writing up the narrative analyses, in Chapter 6 of this thesis, to capture the experience of the women and children in narrating, as well as in living through their experiences has been a challenge. Riessman's ideal has been a standard to guide the process. I have aimed at systematic observations and transcriptions, and have attended to language and context. I have implemented reflexive practices and have aimed at clarifying the boundaries between the intervention and the research. A summary of the main findings from the proforma was used to structure Chapter 6. I have provided extended sections of transcript to enable the reader to follow, and form their own interpretations of, each family's journey through the intervention.

6. Summary

The research was attached to the intervention '*The Tale That Can Be Told*' in a way that aimed to be as seamless as possible. Practical difficulties arose and were dealt with, and attention was paid to maintaining the comfort and ease of the women and children as a priority. At times this resulted in less evidence being available for the study, in particular at the end of the study when various attempts to bring the women and children together were not successful.

The creation of the stories and the analysis of the communication were complementary methods of 'getting to grips with the data' and were summarised in various tables before being interpreted into the multiple, intertwined narratives presented in the next chapter.

Chapter 6: Findings

Most of this chapter is an extended analysis in Sections 2 to 8, where paradigmatic analysis of narrative, and narrative analysis are used to present the data. Brief characteristics of the sample are given in Appendix 5, and more detail is given in the text of Section 2 including Table 2 opposite p.133, which gives some chronological information about the abuse. The final questionnaire captured longer-term evaluations from 3 of the 6 families and is presented in Section 9, p.161 of this chapter and in Appendix 11, App.pp.27-30.

A note on names and transcriptions:

In the following section all the names have been altered to protect anonymity. Each family (A,B,C,D,E, and F) has been given names starting with the same letter of the alphabet and all children's names are in **bold**; siblings are in bold and are at first identified by (brother/sister) after the name (there are no adult siblings in the six families). The perpetrators have been given male names using the same letter of the alphabet. (For example, Family A consists of Anna, mother; **Angel**, child involved; **Anton**, her brother, and Andy, perpetrator. To assist the reader to follow the stories of the six families I have used alphabetical order whenever sensible in introducing each family's experiences in turn. Appendices A-F2 respectively cover material related to each of the 6 families.

In the transcriptions the researcher's initials, JK, are used. Where a name is followed by another in brackets **Bella** (JK), this indicates that minimal comments or affirmations by the person in brackets are included within the text. The brackets { } denote descriptions of activity and body language observed from the video. Pauses are marked

... and inaudible sections *{inaudible}*. Square brackets indicate comments and changes to ensure confidentiality. In the longer transcripts the main conversational turns are numbered, and referred to in this chapter thus (17-19) indicating the relevant contributions.

1. Complexity in the analysis and findings

The analysis stage of research builds on the methods used in previous stages and provides a meaningful base for drawing valid conclusions and making valid recommendations. In a situation where a professional intervention was coupled with a research role, some conflict of values and perspectives was anticipated and necessitated a careful and thorough recording of findings. Further complexity was created by the products of the research; videos of the sessions, narratives, materials produced by and for the children, descriptions of the professional role, and of the communication and mutual learning of the participants. In the face of this complexity the question raised is; 'What is the philosophical foundation that will enable valid and consistent conclusions to be drawn?'

Part of the response to this question can be found in my efforts to provide examples of all the research materials produced in written or printed form. Extended sections of transcripts are reproduced in order to evidence the patterns of interaction between me, the children and the women. I also evidence how sections of transcript were altered into accounts and books for the women and children, using their own words as far as was practically possible. I give examples of how these versions made possible women's and children's reflections on what was said and what it might mean, and in some cases resulted in further contestation and negotiation.

1.1 The Professional Role

Having been given a brief biography (Appendix 4, Point 1) with confirmation of my role and experience, the women and children inevitably will have made some assumptions about the person wanting to meet with them: a student researcher who also works full time with women and children who have experienced domestic abuse. They may have considered what assumptions such a person would hold about their lives and actions. They might, too, be concerned to present a specific image; perhaps related to their understanding of the political stance of the domestic abuse organisation, or of the success or otherwise of the Step by Step project and their achievements within it. In contrast I requested no background information from the Step by Step coordinator; apart from names of mother and child, age of child, and a phone number. This was seen as important, in contrast to the referrals system that operates in most inter-agency liaison, so that the women and children had a 'tabula rasa' on which to impress their own story in their own words.

My professional experience of listening to children and parents talk about incidents and events has led me to adopt a stance of 'thoughtful belief'. It is frequently stated that professionals should believe what children say and take them seriously (for example Mullender, 2004, p.3). Similarly, good practice in domestic abuse emphasises the importance of believing women's reports of their experiences³⁷. Clearly this is the optimal position as long as the believing listener remains alert to the possibility of inconsistencies, incoherence, and children's misconceptions. In many situations these would not be questioned or challenged, but there are times when a pragmatic stance is necessary to resolve potential difficulties. This stance allows the possibility of checking what each person thinks actually happened, in order to mediate and thus avoid or help to solve conflicts. In the situation where mother and child are negotiating the narrative, alertness to disagreements or accommodations might be needed.

³⁷ WAFE National Service Standards (Draft February 2009) include a standard (number 1.4) relating to believing women; which is further developed in indicators 1.4:1-6.

Further, the research was planned such that the ethics of the professional and research roles were consistent (see Chapter 4, pp.80-6). Some of the beliefs and values underpinning the research could be identified, and seen by women and children as irrelevant or even damaging.³⁸ However, the use of rapport skills, empathy and acknowledgement of difference enables communication to continue and courteous relationships to be maintained through many situations of mismatched values and beliefs.

1.2 The Videos

It is difficult to produce evidence of rapport, empathy, and courtesy; an extended transcript gives some impression, reading brief quotations from transcripts gives less. However, the videos provided another perspective on the interrelationships that were hardly identifiable in the transcripts. The temporal patterning of the language, evident in the videos, complemented the transcripts and drew attention to pauses, ‘uncomfortable’ silences, and occasions when I ‘too quickly’ changed the subject. Further layers of meaning were provided by body language; expansive arm movements to show the size of the trophy (Appendix E, (45) App.p.52), a quick cuddle or an angry look at the camera, or the grin that confirmed the ‘jokey’ nature of the criticism of Mum (see excerpt from transcript, p.138).

1.3 Materials produced by and for the children

Story books were produced for **Angel** (Appendix A), **Bella** (excerpt in Appendix B) and **Christopher** (Appendix C). **Delilah** produced a brief text of her life (Appendix D1), and another listing some of her mother’s experiences, and was given an edited

³⁸ For example when **Angel** was resisting talking about the abusive situation I suggested to Anna that talking about her own childhood to her daughter could help both of them. Anna disclosed at that point that she had been ‘in care’ but did not want to talk about it with **Angel**.

narrative, **Edward** and **Frank** had an edited story and **Frank** produced a poem (Appendices F and F1), in three versions. **Frank's** poems and **Delilah's** two documents were the only materials produced by the children; both children produced authentic texts in their own voices that provided a further layer of understanding of their experience of the abuse.

1.4 The Narratives

Some aspects of the narratives were easy to take at 'face value'; these were things reported and believable as facts. At times the way the energy and excitement generated as the woman and child competed to explain the events of a particular night was totally compelling (Appendix E (95-116) App.p.55-6). Sometimes there was a coherence and fluency, which had the effect of being convincing (Family B, p.127). At other times it was the way in which something was dropped in almost nonchalantly that assured its acceptance as true; for example when Family A referred to the trouble **Anton** (brother) had had with the police.

Within the narrative sessions questions were mainly asked with the intention of encouraging the narrative; getting it started, involving both participants, and keeping it going. The periods of story negotiation were totally engaging 'in the moment' of getting the story out. It was surprising on occasion to find that some anomaly had been missed until the video was re-run. These 'missed opportunities' were recorded and used during later narrative sessions to seek clarification (as I did with Family F, see p.145-6). Some of the information provided 'stood' intact throughout the story sessions. However, some of the narrative came through as less 'secure' than 'fact'. With all the families I had doubts regarding some aspects of their narratives. In Family B a major doubt remained unresolved at the end of the research and is described later (p.155-7).

1.5 Rationale for the analysis

Riessman and Quinney (2005, p.398) argue that analysis should rely on detailed transcripts, with evidence to show the input of the researcher, so that the reader can see how the narrative was co-constructed. There should be a: “focus on language and contexts of production; [and] some attention to the structural features of discourse”. In order to achieve that here, while also demonstrating material that offers answers to the initial research questions, I have organised Sections 2-6 below in a specific way.

Under each of the section headings, which represent my interpretation of key issues affecting the families, the narratives are discussed using some examples from the case study materials, excerpts of which are presented in Appendices A-F (labelled alphabetically after the family names adopted for this thesis). Under each heading there is an introductory section, followed by a section describing each family. Material on one of the six families is left to the end of each section, and is analysed as an ‘extended example’, before the concluding remarks for that section. So that the reader can follow one or more cases ‘horizontally’ through these sections, I have placed the families in alphabetical order within each section, and marked where the next section about that family begins thus: **E** ⇒ p.129. This should enable the reader to track through a single family and see how their story, and their involvement with the project, develops.

2. Lives disrupted by abuse: how the conversation starts and is developed into a negotiated narrative

(Extended Example – Family **E** ⇒ p.129)

The purpose of this section is to show how the disruption caused by the abuse was clearly articulated by all families in the story sessions and often came out quite early in the process, seen perhaps as a justification of their continuing interest in talking about their lives with an ‘outsider’.

The participant dyads responded immediately to my initiating question: “where did it all begin?”. Sometimes a place was identified e.g.: “a young person’s hostel” (Diane): “We were living at Carey Park weren’t we when it first started?” (**Frank** and Faith checking with each other). Then all the families clarified when they identified the beginning of their abuse: “when I was coming home from college” (Anna): “the minute the ring went on my finger” (Ellie). Four of the children (**Bella, Christopher, Delilah, Edward**) had been born into an already abusive relationship and this limited their ability to contribute to parts of the narrative – although **Delilah** already knew something of the early stages of her mother’s abuse. In five cases (Family A was the exception – see below) the narratives flowed freely between mother and child and a clear description was given of at least one violent incident which both remembered. The atmosphere in my initial meetings with participants was somewhat anxious as the women and children were trying to understand the purpose of the intervention and the research while answering questions for the consent, family information and safety planning forms. However, all the families were quick to relax and developed an easy-going relationship within the story-sessions. All the children took turns conversationally with me and with their mothers from the beginning.

Angel and Anna (Appendix A) were very relaxed from the start, and **Angel** was very physically active: she explored the video camera and the bag of ‘goodies’ I had brought and then asked to go out to play. Anna and I persuaded her to stay and she asked for more food, then returned to the camera and nearly knocked it over by adjusting the tripod legs. As the sessions proceeded this type of activity was repeated, with the story work developing slowly.

Before starting the video, during the consent interview, I asked **Angel** about: “the man who had caused her mum problems” and she replied immediately: “it was Andy Armstrong”. However, she later stated that she did not remember the period when abusive incidents were occurring, although according to Anna she had been present on a number of occasions.

Anna(JK): Well there actually was a couple of occasions when she did she was there when I got hit (you got upset?) no when I actually got physically hit.

JK: Oh right, yeah.. and how did she react?

Anna (JK): She just remained quiet (did she?) yeah

JK(Anna): Was that in the car? (yeah) so she'd have been in the back? (mm) and you two in the front? (mm) so that's one of the things that could be quite scary for a child.. not knowing quite what's going on {inaudible}.... Oh that's good! {Angel is writing on the white board 'I ♥ Mum'}

Anna: I love you too

TRANSCRIPT

Angel, who was aged 4 at the time of the abuse, did acknowledge being present at one abusive incident when her friend had come to tea. The period of four months during which the violence occurred was relatively brief, and the abuser was not **Angel's** father with whom she still has a friendly ongoing relationship. These factors probably contributed to **Angel's** lack of memory and the 'distance' from the domestic abuse story that she displayed at times during the narrative sessions. Anna described the start of the abuse thus:

Anna (JK): Just when I was coming home from college, things like that I'd get, if I like was late coming out of class I'd get told I were taking the piss and then probably get thumped in the head or something. But it were mostly when I was in the vehicle... (the car?) yeah

TRANSCRIPT

Anna did not take long to reach the decision to leave and she took refuge with her mother:

Anna: I just ended up going to my mum's at [Another town] for a few weeks – I got out of the way – yeah.

JK: And he just left it then?

Anna: Well he still kept trying to harass me but I changed my phone number and things like that

JK: Did he know where your mum lived?

Anna: No

TRANSCRIPT

A ⇒ p.134

I met Brenda and **Bella** (Appendix B and B1) separately at first, as Brenda came to the first interview without her daughter. I set a date to see **Bella** alone in school for the introductory session. She was the only participant who did not want to be video-taped.

However, she was very keen to talk, and was happy to be audio-recorded once I had demonstrated how replacing the lens cap gave me sounds without pictures. Brenda too talked openly and engaged quickly, although I sensed some suspicion from both of them.

For Brenda a triggering event had confirmed that her children were being subject to continual bullying and aggression from their father. She decided that she had to make a change – which was further supported in conversations with the headteacher of her children’s school. An excerpt from **Bella’s** story book, based closely on sections of transcript, describes the situation.

“But every afternoon they came home from school one of them would be in tears because their dad were shouting at them, or had smacked them – he’d have done something. It were never just a smooth running sort of thing.”

*“No”, said **Bella** “It was never smooth or anything in the first place.”*

“No”, said Brenda “And it’s not now with him.. No.”

“You see he just didn’t have much patience getting them to school and it weren’t ... it just weren’t acceptable to send them to school in that state that he were getting them into.”

*It made **Bella** sad – while all this was going on.*

“Once when my mum came we all ran out of the house didn’t we – because dad smacked us and shouted at us to do things.

“And after that day Dad shouted even more.”

“It were three months of hell.”

“And we went to a new house and we weren’t allowed to tell Dad where we were.”

STORY BOOK

B ⇨ p.135

Christopher (Appendix C) also showed high levels of activity. Unlike **Angel**, whose actions tended to be diversionary in relation to the developing narrative, **Chris** acted out aspects of his story for me. On my first visit Cath and **Chris** welcomed me with tea and home-made cake and **Chris** expressed something of his relationship with his father through a boxing display and a demonstration of how, when he was three, he tried to kill his dad with his hands in the shape of guns. Cath and **Christopher**, aged 3, had shared a terrifying night of abuse: they were waiting for Charles to come home after his three-day unexplained absence from Christmas Eve to Boxing Day. He arrived at the house in the early hours, with the police following him. He was swearing and banging

on the door. Having let him in and spoken to the police as they left, Cath rushed back upstairs and took **Chris** into her bed. The following excerpts from **Chris's** story book describe what happened next:

*Charles went into the kitchen. He opened the oven door and turned on the gas taps but didn't light the gas. Cath was listening to all of this from upstairs. Then he started getting out lighter fluid and everything from under the sink and poured them on the floor. He went outside to the car – Cath rushed downstairs and turned off the gas as quick as she could then rushed back up to **Chris** wishing 'For God's sake Charles, get to bed' because she knew for sure that he'd get into **Chris's** bed and go straight to sleep.*

STORY BOOK

However, things got worse:

*When Charles came upstairs she was sitting on the bed with **Chris** on her knee. He accused Cath of going out without him! He punched her on the leg and then on the head. **Chris** scrambled across the bed and pointed his fingers at his dad saying 'Bang Bang' – wanting to shoot him. He was heartbroken saying 'Why won't my guns hurt him?'*

STORY BOOK

C ⇨ p.139

Delilah spoke less than the other children. However, she attended carefully and intervened at pertinent points, sometimes to add to or challenge Diane's statements, sometimes to ask questions of Diane. She did not appear nervous; rather self-contained and self-aware. She used dance movements to express her feelings, such as adopting a balletic stance when seating herself opposite the camera. From the beginning many of **Delilah's** contributions served to check her previous understanding of what had happened and where. She used a very quiet voice in the sessions, so my transcriptions understate her opinions (marked as {inaudible}).

Diane had experienced serious violence from soon after the birth of **Delilah**:

Diane: He weren't really hitting me while I were pregnant... before I had her I mean... it were only just a slap - but the first time he really beat me were just after I had her she was only about 6 weeks old, ... and then that's when he really laid into me cos like he tried.. to.. like that's my daughter- you've got my daughter now and you're not going nowhere ... and that's when he really laid into me ... and I did leave him when he did that ... and I just went back again ...

TRANSCRIPT

Although they never lived together, Daniel continued to visit Diane and **Delilah** as she was growing up. When she was about three years old one of many terrifying incidents happened that **Delilah** remembered:

*Diane: ...just after I had **Darius** [her second child] he came to my house and he stayed for the weekend he took her shopping one day and bought her everything then he came back the next day and smashed it all up again*

***Delilah:** Everything apart from the kareoke that he'd bought me.*

Diane: Yeah TV video everything that he'd bought he'd smashed up

***Delilah:** I only just remember walking into the bedroom ... seeing...{inaudible}*

JK: Walking into your bedroom...?

***Delilah:** ...my mum's bedroom*

JK: Your mum's bedroom... was that because you'd seen the things being broken? ... or because...

***Delilah:** Don't know – I probably wanted her*

TRANSCRIPT

D ⇒ p.136

Ellie and **Edward** appeared very nervous at both sessions I held with them, but they engaged immediately with the story-telling and during an hour and a half they told a story as long and detailed as other families told in three hours. **Edward's** story is used as the extended example in this section and starts on the following page. **E** ⇒ p.130

After a long negotiation with **Frank's** school, I had my first meeting with Family F. Although very pleasant, I felt that both Faith and **Frank** were wary of me to begin with. The initial account of the domestic abuse was from **Frank** as he spoke about the incident, a serious assault, which he witnessed when he was 9 years old:

***Frank:** The only thing that I remember in Morris Road is the last time my dad beat my mum up and put her in hospital - That's the only time I remember.*

JK: So what happened? – you were there then were you? That must have been very scary.

***Frank:** My dad was hitting my mum and I ran out of the door and ran up to my mum's friend's and told them and I waited there and they came round and called the police and the police took them and picked me up in the car and we got my sister from my nanan's.*

TRANSCRIPT

This action led to a chain of events culminating in the arrest and imprisonment of **Frank's** father Freddie. Faith was hospitalised, and had a disfigured face for several weeks.

F ⇒ p.138

2.1 Lives disrupted by abuse: How the conversation starts, and develops into a negotiated narrative.

Extended Example 1: Ellie and **Edward** see Appendix E, App.pp.51-8.

The long section of Ellie and **Edward's** transcript is used in this chapter to show how turn-taking occurred; how my responses drew out the narrative, blocked it, or diverted attention elsewhere; and how **Edward** and Ellie 'let each other in' to the conversation, encouraged and enabled each other's 'versions', and argued and negotiated when necessary.

This first story session followed from the introductory interview during which I had asked: "where did it all begin?" to which Ellie had responded with the statement about the ring going on her finger (p.125). The first few minutes of the story session were focused on safety planning, which led into information about contact issues, and **Edward's** recent visit to see his paternal grandfather in hospital.

In (1) I revisit Ellie's initial statement about the ring and invite Ellie to tell **Edward** as much or as little as she likes about what things were like before he was born. Ellie starts hesitantly (2) and seems overwhelmed by my invitation. I support her with another 'where?' question (3) but this does not have the desired effect of enabling her to identify with a place in order to access memories. She instead returns to clarify the wedding ring story (6-10) she had mentioned the previous week, which appears to be for my benefit, not **Edward's**. The wedding story sets the tone of the marriage very firmly: she was not to be allowed to enjoy music, nice clothing or the company of her family and friends. The: "bride's day" and her wedding dress, which she mentions three times (6), were banned, and the whole evening was ruined as soon as Ewan confronted her in front of guests. She had no way out apart from arguing, and after a brief attempt to stand her ground she realised that she would achieve nothing, so her family suffered and she was: "on eggshells" (8). However, in the next section she is able to laugh with **Edward** about the puppy, Bess, and her chewing habits (14-20), although the conclusion is ambivalent in that Bess was: "got rid of" and Ellie is not

sure where she ended up (15-16). By this time **Edward** is more relaxed and initiates another narrative: “What did I do with that spray can?” about an accident with a paint tin (25-29). They can now laugh at this incident (27) although it led to another threatening response from Ewan. At turn 35 I invite **Edward** to reminisce about his father, this leads to a fishing story (36-48) that probably represents the best memory **Edward** has of his father. A friendly argument occurs (36-43) about a fishing tournament, which Ellie was convinced that **Edward** could not have been at; this linked to memories of his ill grandfather, and they recalled trophies and gifts that they can no longer access (45-49).

At turn 58 I ask about **Ennis’s** birth, and Ellie fills in more details about the abuse they all lived with. Then **Edward** takes a surprising initiative in introducing the topic of abortion (63); he does not use the word but says: “He [Ewan] wanted him [**Ethan**] to be ab...”. Ellie picks up the prompt without surprise and describes how she resisted the pressure to have an abortion (63-67), going on to explain her anger about being accused of: “being with somebody else” (67) when **Ethan** was born with the ‘wrong’ colour hair and eyes. When **Edward** so quickly moved to introduce the subject of abortion he was both letting us (Ellie and me) know that this is something he knows about, and also that it was something he wants to raise. Stopping at ‘ab...’ (63) may represent his insecurity about whether he has got the right word; or was he unsure of how I (or Ellie) would receive it? Ellie’s immediate acceptance (64) and lack of surprise conveyed to me that this was something she had no inhibition in talking with him about. I then checked out, with Ellie, whether it was something **Edward** knew about at the time (66). This hands the initiative back to Ellie, as I had ignored one or two attempts by **Edward** to contribute more on the issue of the abortion: “and I was...” (64); “and then when **Ethan** was...” (66). However, the second of **Edward’s** interventions may have been correctly read by Ellie as **Edward** wanting to move on to the genetics issue. She replied ‘yeah’ which I take as the answer to my question, but could in fact be a response to **Edward’s** initiation of a new topic as she followed it with a repetition of

his phrase “then when **Ethan** was..” adding ‘born’ and going on to the dispute about eye and hair colour.

I have edited out the next few minutes discussion on genetics (reduced from ten turns to two) (67-68) with **Edward** and Ellie arguing about which family members have which colouring. My attempts to throw some scientific light on this discussion became a diversion from the narrative.

From this point on the narrative flowed with increasing fluency and increasing input from **Edward** as the chronology reached the point where he remembers more. The discussion includes a section on arguments around the children’s names, again introduced by **Edward** (71-77).

Following discussion about when **Ethan** was born I ask where he was born and about how it came about that they moved from [Town B]. This elicited Ellie’s description of the time she took the children away to her mother’s without Ewan’s permission (82) and he unleashed an uncontrolled and terrifying reaction to her decision (95-110). **Edward** and Ellie were interrupting each other in their hurry to tell me about the intensity of the subsequent events (95-113). They shared the narration with Ellie correcting the chronology (for example in turns 98, 100, 104) and supplying more ‘adult’ details, (in turns 100, 102, 104, 108) presumably from her prior or subsequent knowledge of her ex-husband’s behaviour, while **Edward** interjected his perceptions from the night in question, seeking clarification of places, times and incidents (97, 102, 106, 108, 110). He was involved in speaking to his father on the mobile phone, trying to get information for the police about his father’s location (108-116), and he was still requesting the location of the bridge where his father had threatened to kill himself (108).

Overall Ellie and **Edward** responded to each other and to me in a way that created an easily identifiable narrative of domestic abuse, that belongs to them both. As an

Table 2: Pattern of events reported.

Family	Length of abusive relationship prior to break-up	Age of child at break-up	Form of break-up	Pattern of relationship after break-up	Age of child during Step-by Step	Age of child at start of intervention
A	2½ yrs	4	decision point →temporary stay with grandmother	some continued harassment from Andy. Regular child contact with father (who is not the abuser)	7-8	8
B	> 8 yrs	8	decision point →rehousing	regular child contact with father	9	10
C	> 9 yrs	3	major incident →imprisonment →father leaves home	irregular child contact with father	8-9	9
D	6½ yrs	5	decision point →continuing violence →frequent changes of home	some mother & child contact with father	9	11
E	> 10 yrs	9	major incident →temporary stay with grandmother →rehousing	contact with father sought by child, father refused therapy	10	11
F	>10 years	9/10	major incident →imprisonment →brief renewal of relationship	some contact initially no longer happening	10	12

account it was absolutely convincing. In spite of the inconsistencies and contradictions, I was left in no doubt of the absolute reality of these experiences to them, and of the social, emotional and practical disruptions the family lived through.

E ⇨ p.137

2.2 Explaining the patterns of abuse

Although the families varied in the extent to which they told a story, as opposed to talking generally about their lives, and although they also varied in the extent to which mother and child contributed, overall the pattern was clear; they all listened to each other, they took turns, they found their way into the conversation, with or without my support, and all the children took some initiatives to introduce new content and to challenge their mothers. From each family I was able to piece together an account that seemed to make sense to me, and was acceptable, and indeed welcomed, by the mother and child.

In three of the families (C, E, and F) the main ‘critical incident’ involving the police occurred within a continual pattern of problems and disruption that existed prior to the ‘main incident’ and continued after it in the form of continuing harassment, temporary reconciliation(s) and contact problems. In families A, B, and D, rather than a single critical incident, there was what can be termed a ‘decision-point’ when the woman reached the conclusion that she needed to change the situation. However, families B, C and D continued to have difficulties with the abuser’s behaviour for many years afterwards; a clean break was not possible.

Table 2, opposite, summarises the pattern of events each family reported to me.

3. Emotions, motives and emotional communication: How emotional communication is used in the narrative sessions

(Extended Example – Family C ⇒ p.139)

One key purpose of the sessions was to support social and emotional well-being through the narrative process. It was therefore of interest to observe the ways in which emotions were communicated and communicated about. The subject matter of the narrative sessions meant that emotions were potentially close to the surface. In my research records (Appendices 9 and 10, App. pp. 17-26), I differentiated between ‘emotional tone of the interview’, in which I included emotions expressed in the sessions, and the emotions described in the accounts. Significantly, emotional expressions in the present, occurring at the same time as emotions that were being described, were not necessarily the same emotions. This can be seen as a form of distancing; suggesting that painful or negative emotions from the past are remembered but with new meanings overlaid on the previous intensity. This will be shown in the Extended Example of Family C.

The abuser’s, child’s and mother’s motives, directly stated or attributed to others, are included with emotional communication in this section as they were often described in terms of emotions such as fear, jealousy, and anger.

Anna explained to me and **Angel** how she got into an abusive relationship with Andy, a man she had previously trusted:

Anna: It were just – well we’d known him for about 2½ years before I even went out with him – so we never saw any of that side at all.

TRANSCRIPT

The change in his attitude and behaviour coincided with the change in the relationship, when they started to ‘go out together’. Like Diane (p.128), and Ellie (p.130), the change came at a time when the man developed an increased sense of ‘ownership’ and ‘right to control’ the woman; through pregnancy in Diane’s case, and marriage in Ellie’s.

Anna found herself trapped in a regular pattern of control focussed mainly on her one-day a week at college:

Anna: I'd usually leave Angel at me friend's ... and he'd come and collect me at college... he always used to do the old 'I'll give you a lift, I'll give you a lift' ... [It was] his own insecurity rather than ought else. ...he just were a control freak – wanted to be in control of everything.

JK: and was Anton (son) around at that time?

Anna: Yeah Anton were... about 12 or 13... He never did it when Anton were around

Angel: because he knew Anton would batter him.

TRANSCRIPT

Angel saw her brother **Anton** as a potential defender of Anna. The subject of **Anton's** aggression towards **Angel** came up at other points during the intervention. In the safety planning session, **Anton's** threatening behaviour was the only concern **Angel** voiced. Anna was taking steps to protect **Angel** from **Anton** and at the same time support him through his teenage difficulties. Her relationship with **Angel** was gentle and encouraging, as evidenced in the numerous conversations about **Angel's** activities as we were talking:

A ⇒ p.141

As seen above (p.127) **Bella** and Brenda were resigned to the fact that life was never smooth. The first explanation that I had from Brenda regarding her abuse was that she felt it was not the same as that experienced by other women. For her it was: "emotional abuse". I recorded her explanation thus, before any agreements had been reached about recording; she later read and agreed this account.

Regarding her new partner she said: 'I say to him "don't put me down with words – I'd rather he slapped me than telling me I'm useless all the time." That old saying about sticks and stones is wrong – emotional abuse is some of the worst sort of abuse. When I first went to Step by Step I felt like a fraud – there were all those women there who had been stabbed, and beaten up – but J.[Step by Step Coordinator] said to me that emotional abuse is the worst – I've had it all my life'

RESEARCH NOTES

Brenda's stories often contained direct speech, as in this example. **Bella** appeared to have heard some of these accounts previously, and on occasion integrated her mother's utterances into her own language.

B ⇒ p.142

Diane's ex-partner is ten years older than her and they met when she was 16 and was living in a hostel. In spite of years of harassment, abduction and hospitalisation through his physical attacks, Diane still feels strong enough to confront Daniel:

Diane: I think I'm a strong person – cos you know now, I can see him now and I can talk to him... And I have sat there before and I've told him and 'I've never let anybody put me through what you've put me through – never'.

TRANSCRIPT (49)

Diane clarified for **Delilah** the nature of her father's motives and feelings:

Diane(JK): I think it were, um... jealousy to tell you the truth and insecurity (yeah) I think he were insecure (yes) cos I weren't living with him and he weren't living with me so I think ... cos we were only going out about two or three times a week and I only used to see him about two or three times a week and so I think that's what it were I think it were insecurity.

Delilah: *What does that mean?*

Diane(JK): Where he didn't feel ... what he wanted, he wanted a hold on me he didn't want me to go ... So he didn't feel safe without me around with him and all that... I think (mm)

TRANSCRIPT (22-4)

Like Anna she identified her abuser as insecure; a word she explains, at **Delilah's** request, with reference to Daniel's need for safety, as well as his 'hold' on her. **Delilah** seemed to understand and was satisfied with the explanation. Diane also described her own regrets to which **Delilah** listened carefully, but her only observable response was to shrug.

*Diane(JK): I mean – that's what it was like. At one point ... I should have... I... I ... regret not leaving him earlier I do. (m) but then I think well would I have had **Darius**? (m) cos obviously I wouldn't be without him and.. ... then – cos the first time he ever hit me in front of **Darius** that's when I left (when..) cos I thought I can't have my son going through all .. doing that to him (right) and so... like I say I regret not leaving him earlier but then love takes o'er you don't it so... {**Delilah** shrugs lightly} (it does – {very quietly}) and she's been on the protection register... so I have risked losing me kids over him but like I say, I'd never go... I'd never do that again... Never. (m)*

TRANSCRIPT (62)

At this point I moved the focus of the conversation to **Delilah**:

*JK: What kind of relationship did **Delilah** have ...? What did you have with him?*

*Diane: ... she didn't really have a relationship with him.. it were like he'd come home... and he used to come at nights so ...no she didn't have a relationship with him. It weren't very often that he used to come in the daytime were it? {...inaudible **Delilah**}*

single shake of head} It weren't often he ever come in the daytime (yeah) just at night because obviously he weren't really interested in kids... it were just me (yeah)
Delilah: *I remember he come once and... and I should have thought I didn't really realise what had happened... you remember? {to Diane}*
Diane: *He'd beaten me up just before hadn't he.*
TRANSCRIPT (63-6)

Delilah's feeling that she: "should have thought..." in spite of her ignorance of what was really happening, shows how she tried to support her mother, even as a young child, and still feels that she could have done more. **D** ⇒ p.143

As **Edward** and Ellie talked about having to leave a family gathering when Ewan had got very drunk, the pattern of their lives before the separation became more evident:

Ellie: Ennis was too frightened to go back home so she stayed with Donna and I had to fetch Edward and Ethan home with me in the taxi with him[Ewan] so it was kind of – you know – getting home and just hoping he'd fall asleep
JK: *And he did?*
Ellie : *Yeah he did eventually*
Edward: *But I .. he had this stupid friend called Amanda and Jerry and they were like alcoholics well especially Amanda and he went there – like all the time and he were drunk. And I used to like stay up... because my bedroom were at the front of the house and my mum and dad's room were like at the back of the house so I could tell when he were walking up I could tell her... I could shout my mum when he was coming back so I used to just keep myself awake by putting on my PS2 and my mum couldn't pack up til I'd shout her Cos the window – you can't really see the .. cos there's like a hedge that's big and you can't really see through – over it. So she always told me to keep an eye on it to see if he was coming back up and I did it by keeping myself awake playing on my PS2*
JK (Edward): *Right, OK, so you were a sort of spy in a sense? (yeah)*
JK (Ellie): *That gave you some support didn't it? (yeah)*
JK: *OK and then what would happen when he came in?*
Edward (JK): *There would just be.. they would just be talking and then he'd get a bit violent by shouting and that .. (yeah – and you'd be hearing that?) yeah my dad didn't really bother about me keeping my PS2 on – he'd just leave me (yeah)*
JK (Edward): *So you had a lot of bad nights (yeah)*
TRANSCRIPT (155-163)

This pattern of spy, collaborator and protector of his mother has now gone from **Edward's** life; although it was dangerous and distressing, he may now miss the closeness with Ellie that it brought, and be seeking other ways to be close with his mother. After their first story session, which was also the last session I had with them, I recorded:

Emotional Tone: Both: timid at first worried, apprehensive, anxious– gradually warming up and gaining confidence during process. E: sad and thoughtful, M: sad and wanting to forget. E has recently had panic attacks when in a crowd.

Collated observations: Appendix 10

E ⇨ p.144

Frank and Faith also have a strong relationship, which they demonstrated in the sessions with fun and mutual understanding. By the end of the third session, they were joking with me about whether the disruptions in their lives were ‘blips’ or ‘glitches’:

Faith: To me a blip is the same thing as a glitch – it’s a hiccup

Frank: Yeah but actually .. because in the X box game if it’s got a glitch it means that it’s gone wrong but if it’s a blip in a game then it just means it’s gone funny. Ha ha! so that’s all. A blip and a glitch are different.

TRANSCRIPT

Their good humour also extended to comments that are quite personal, as here where Faith was explaining the changes she had made since leaving Freddie. :

Faith: I was just going to the gym and looking after myself and eating properly and I don’t know - Since I’ve met Fergus we just eat all the time –

Frank: No wonder you’re fat then - do what I do - play football all the time running about – be energetic. Can’t do anything you’re just awkward. {Laughter and giggling – lots of glances between them both and at camera and JK}.

JK: I don’t call your mum awkward. Perhaps I’ve not met her in situations where she’s awkward.

Frank: Well she can be

JK: Oh can she? - I bet you can be awkward too.

Frank: Yeah - I’m probably worse than my mum but my mum’s ...terrible.

Faith: Yeah but you still love me don’t you – we’re not all perfect

JK: Just some of the time some of us are. {Faith winks at JK}.

TRANSCRIPT

Frank’s poem expressed something of his view of what domestic abuse is about: (see two versions in Appendix F2, App.pp.68). His references to anger and beer in the poems contrast with a further interaction about his dad (p.155) where he expresses his sense of loss more directly, and is clearly aware that Freddie has difficulties that prevented him giving **Frank** appropriate care in the past, and that still keep him from being available to his son.

Frank's own anger is palpable in his outrage at the attack that precipitated his run to call the police:

Frank(JK): MM he just kept hitting her with these [metal ornaments] – kept hitting and hitting her. ([Ornaments]?) Yeah these [describes ornaments] that I bought from a jumble sale

Faith(JK): [like ornaments, they were hanging up] (Oh yeah – really!)...he had those in his hand in his fist

JK(Frank): So you had bought those for your mum? (Yeah) Ow!... Ow!

Frank: I didn't know they were so lethal

TRANSCRIPT (64-67)

As with other examples in **Frank** and Faith's account, there is a soft irony perceptible in the phrase: "I didn't know they were so lethal" which contrasts with the emotions he describes later (92-8). **Frank** and Faith's explanations of their feelings at the time and since (87-100) show how they draw closer to each other with this emotional communication, and the humorous twists they apply. **Frank** thought his mother had found it hard trying to keep him and **Felicity** safe (88). Faith felt guilty about what her children had been through; recognising the mental abuse that: "no child should have to suffer" (90). I asked **Frank** about the feelings he experienced: "when it was all happening" (91); it is noticeable that he referred back to the incident, rather than to any on-going situation. He remembers crying and crying while his mother was in hospital and wishing it had not happened (91-8). F ⇨ p.145

3.1 Emotions, motives and emotional communication: how emotional communication is used in the narrative sessions

Extended Example 2: **Chris** and Cath See Appendix C: App.pp.44-9

Chris, thinking back about the final incident when his father still lived at home was still analysing what he could have done in the circumstances. In his story we wrote it thus:

There was a wooden coat hanger on the bed and Chris afterwards wished he'd picked it up and chucked it at him, or stabbed him in the eye with it. 'That would've distracted him he'd have grabbed hold of me and given you time to get downstairs and pick up any old phone – like the house phone – to call 999 and you'd have got loads of police surrounding the house instead of just five!'

STORY BOOK p.4

From the video it is obvious that as he is reflecting on these emotions he is 'acting out' the scene as he speaks; but laughing and joking, in contrast to the viciousness of what he is reporting. Some of the strength of his feelings comes through in his movements.

Cath is clear about her response to the idea of stabbing Charles in the eye:

Cath: No you shouldn't cos that's going down to his level and we've moved on. We're better than that aren't we?

Chris: And that... when he slapped you in the face...

JK (Chris): and what did that mean when you wanted to get that coathanger... Did you think about it at the time or was that after? (I... thought)

Cath: No, these are his things that he's thought about after... how to deal with it...

Chris: Cos I didn't know any better than try to keep out of the way and try to distract him... me dad... to leave go of me mum and I thought....

Cath: This were six years ago.... a long time isn't it...

TRANSCRIPT

There are a number of other sections that show how Cath communicates with **Chris** in a way that is appropriate to his age and understanding, and enables him to grasp the implications of the events he has been exposed to. Cath drew my attention to her views on this:

Cath(JK): Getting back to Chris thinking about things (right) Chris does ask me questions, and I've answered him ... but in his way and he doesn't get all the gory details, he just gets enough (yeah) : There's some women at Step by Step like: "He's asking me questions but he won't get an answer". "But you've got to tell them... just in their own way"

TRANSCRIPT

Chris has an ability to reflect about his own emotions; he answered the first question "Where were you when it all started?" with reference to monitoring his own emotional state:

Chris: like if it were a chart... down at the bottom...

Cath: No she means where we were when...

Chris: I were in my mum's bed.

This misunderstanding of my initial question is the inverse of what would normally be expected from younger children given the 'literalism' that is more likely. **Chris's** facility to self-monitor his own emotional state could have been a result of the input of the Step by Step group, where communication about emotions was encouraged.

However, I suspect it was also related to Cath's long-term commitment to support **Chris** with explanations and conversations. C ⇨ p.143

4. Family, friends and professionals: support, loss, blame and betrayal (Extended Example – Family F ⇨ p.145)

Part of the purpose of the intervention was to enable children to access supportive outsiders who can listen and respond effectively. For some of the dyads, family and friends were readily available for support. However, for all the women the involvement, or lack of involvement, of their mother was significant; I had not expected that so few of the women would have support from their mothers. Of the women involved, only Ellie was able to rely on her mother for support at the crucial time. Anna went to her mother's, but this was a one-off event in a disrupted relationship. For Brenda, her mother was part of the problem, and it was only after her separation from Bill that this changed. Cath's mother was dead, Faith's lived at some distance away and Donna, who left home at an early age, made no mention of her mother.

For some of the women, wider family networks and friendships compensated in some degree for the lack of access to their mothers. Participants also mentioned various organisations that they had encountered during their period of experiencing, fleeing and recovering from domestic abuse. In addition to turning for help to police, lawyers, housing department and schools, they had all completed the Step by Step Project. The participants all remembered the project and its staff with affection and mentioned several events associated with it. They had mixed responses from other professionals whom they had encountered during their period(s) of difficulty.

Three children spoke of relationships with their grandparents; **Edward** (described above), and **Angel** and **Bella** (below). Anna lives in close proximity to a number of close friends and relatives including **Angel's** father and half-brothers, with whom the family have a friendly ongoing relationship. **Angel's** book included at her request a

picture of High School Musical, and she carefully labelled each of the characters in the photos with the names of her mother, brothers and friends. **Angel** did not know her maternal grandmother until the visit to escape from the abuse, and although she denied memory of the abuse, she remembered clearly this, her only visit to her grandmother's house:

Angel: And we had to sleep in the cellar!

Anna{laughing}: No we didn't have to sleep in the cellar

Angel: ... it was up on tower

Anna: in attic?

Angel: Yeah. Up in the attic.

JK {laughing}: Not quite the same thing! cellar and attic

Angel: Cos...

JK: Do you remember going and staying with your grandmother do you ?

Angel: And mm we had to sleep in a bed I had to sleep at the door and I think I had to sleep at that side and me mum had to sleep at that side were it mum?

Anna: Yeah

TRANSCRIPT

Anna was reluctant to talk with **Angel** about her own negative childhood experiences; she had spent time in children's homes and foster care and still has some links with a key worker from the last children's home she lived in. A ⇨ p.148

Bella sees a lot of her paternal grandmother, who is wheelchair bound and has a carer as well as supervising the children at times. There are difficulties between Brenda and her ex mother-in-law. Her feelings about her husband's family were related to his controlling behaviour and the way in which he prioritised his family of birth over his parental responsibilities. However, she delivers the children to their father for regular twice-weekly contact. She also sees her own mother quite frequently, although she has far less contact than she used to; she explained how this change took place:

Bella kept getting bad headaches so they referred her to a psychologist, but Brenda said the psychologist decided that it would be better to 'work through me [Brenda]' because Bella wasn't very forthcoming.

RESEARCH NOTES

JK: You were saying you were ending up feeling very down about yourself and... you said something about your – mother

Brenda: We were always together and ...She [Bella] were suffering something chronic with headaches She were getting very bad headaches So they referred her to this psychologist

So she went back into my past – she said to me – “she [Brenda’s mother] would be really sorry if she heard this because she loved you - but it sounds like she loved you with one hand and slap you with the other. Ambivalent. She’d say “Oh you’re just like your dad you are” – and it feels like an accusation – “You’re just like..”

And my dad was another one... Again it’s all been abuse – emotional abuse...

So my mother met Steven [grandmother’s new partner]– and from it having been that we were always together it were... suddenly went to nothing. It were a really really difficult time.

JK: And how is it now?

Brenda (JK): We had a bit of a chat about it and we pulled ourselves round – I wouldn’t say we’re... (OK?) Yeah..

[At this point Bella interrupted with an account of a family visit to the seaside with Brenda’s mother and Steven.]

TRANSCRIPT

B ⇨ p.149

Chris had attracted attention in school through difficult behaviour; the school had tried ‘everything’ according to Cath. Then a Step by Step leaflet came into the school, and a teacher asked Cath if she thought it would help **Chris** to attend the project (Appendix C, Story Book, p.7). Cath self-referred to Step by Step and was delighted with the result. A further referral was to the Sanctuary Scheme, which made a huge difference to **Chris** (Appendix C, Story Book, p.7). He could now sleep peacefully without his starfish stuck up inside his pyjamas (Appendix C, Story Book, p.7).

C ⇨ p.149

Children sometimes spoke about their friends, but there was little evidence of committed supportive friendships. Diane talked about the friends that **Delilah** brings home from school:

Diane: [a] different friend every day - and they are good kids I can’t say any of her friends are a bad bunch.

TRANSCRIPT

Diane mentioned adult friends who had helped her with childcare and advice at times of difficulty over a period of years. Two of these friends were present during incidents of physical violence: (This transcript overlaps with the last two turns on p.137)

Delilah: I remember he come once and... and I should have thought... I didn't really realise what had happened to you – remember? {to Diane}
Diane: He'd beaten me up just before hadn't he? {to Delilah}
Delilah: Don't know – then Sally came down... He was scared of Sally {to JK}... weren't he? {to Diane}
JK: Who was Sally?
Diane: One of my friends – he were scared of her and like he come and said what – he'd beat me up just before that – and then come back ... and she was in ours like she said {indicating Delilah} bathing Darius
Delilah Yeah
Diane 'Cos he tried chucking the TV at me head. And I – 'cos I made you stay {to Delilah} ... 'cos Nina were there weren't she? She made you stay in the bedroom.
TRANSCRIPT (65-71)

Diane had left home in her mid-teens and she and **Delilah** hardly spoke about her birth family; however, they mentioned cousins, siblings and step-siblings, and there were domestic abuse problems related to a number of friends and relations (for example Appendix D, 95). Diane had experienced her children being placed on the Child Protection Register. This had galvanised her into action, although it was her partner's abuse in front of her second child that convinced her to leave.

Diane: ... the first time he ever hit me in front of Darius that's when I left ... cos I thought I can't have my son going through all ... doing that to him
TRANSCRIPT (62) **D** ⇒ p.151

Edward did not talk about any significant friends, he was very anxious about his imminent move to secondary school and the problems with bullying that he was already experiencing in his own street, which he expected to get worse, and perhaps carry over into the school situation. His, and Ellie's, lack of confidence in professional intervention is shown in the transcript below. In our initial interview Ellie and **Edward** had been anticipating contact between the children and their father, with Ellie feeling fearful about this, but **Edward** and **Ennis** both hopeful of a positive reunion with their dad. When I checked up at the beginning of the first story session it became evident that there had been unfortunate developments.

JK(Edward): So – we've heard about the visit to Grandad and it went OK is that right Edward? (yeah) Yeah, right. – What about court? { Edward still folding the A4 sheet very carefully appears to give it his full attention}
Ellie (JK): Not sorted – No good (not going?) No. He's dropped - he's dropped all ties and doesn't want to see the kids. (Aah Why?) Cos he's got to go for extra

therapy... with being self-employed, and working away, and his father being ill, he can't afford to do it. So he's kind of dropped everything – stopped it ...everything. (OK) {Edward stops folding paper, looks dreamily to the left and down away from Ellie and JK}

Ellie: They were looking forward to seeing ...

JK: You were looking forward to seeing your dad weren't you?

Ellie: ...even though it would be supervised – but still they were looking forward to seeing him.

JK: Well he's your dad – and you're attached to your dad {Edward nods} So – have you had the CAFCASS person talking to you? {Edward picks up the paper again and continues playing with it}

Ellie (JK): No... (not at all?) no that was the advice my solicitor told me I don't know why the CAFCASS lady hasn't got in touch with me yet.

JK: (What's her name?) S.S. and d'you think you'd like to talk to her? {to Edward} Edward {shrugs} – Well she can't really do ought

TRANSCRIPT

E ⇨ p.150

4.1 Family, friends and professionals: support, loss, blame and betrayal

Extended Example 3: **Frank** and Faith see Appendices F Transcripts, and

F1 Edited Story for **Frank**:

Frank and Faith's account included several references to supportive outsiders; friends, professionals and a new partner, while experiencing blame and rejection from schools, school-friends and **Frank**'s father, and also public disapprobation.

A note on clarification of transcripts

Firstly however, I will use this example to explain briefly a process issue regarding the ways in which details of a previous transcript were clarified in later sessions. When transcribing Session 1, which is cited at length here, Faith's use of 'my friend' perplexed me, as she used it a number of times (25,46,50,58,68,138). Later I was discussing how to ensure confidentiality in the transcript:

JK: You've got various friends mentioned throughout and I wondered if they were all the same friend .. was it Millie?

Faith: Yeah yeah they're all the same – it was Millie

TRANSCRIPT

I accepted this and continued, but then another mismatch occurred and I checked again (the numbers here refer back to the previous transcript see Appendix F).

JK: So is it Millie that you were nannying for before...? (25)

Faith: No it was Helen I was looking aft ..Helen, who I used to nanny for and working a bit for and it was Millie who Frank went round.. who got .. to get.. when that happened.. And... (68)

JK: ..then there was the car (50)

Faith(JK): Yeah that was my friend Mark and we stayed at his daughter's (right, OK) ..house (46).

Frank: It wasn't just one friend

Faith: No, it wasn't

JK: So do we want to change that so that when people are reading the story don't ... d'you know what I mean

Frank: Yeah – yeah yeah

JK: So I'll put three different names?

Faith: Yeah you can do – yeah

TRANSCRIPT

These four people all contributed to supporting Faith and her children through a complex period of crisis, hospitalisation, the weeks when her face was significantly disfigured, home moves, court appearances and dealing with further difficulties when Freddie was released from prison and she feared he would turn up at the children's school.

I will now refer to the transcript in more detail. **Frank** had spent his early life with his father's family and friends close by (1-18). He associated the violent incidents with his new home in Morris Road (34) and at one point he and his mum and sister moved out to stay with a friend, Mark's daughter (46). Faith sought the help of a solicitor (46) to check out her rights, and then returned home with the children and changed the locks to keep Freddie away. It was at this point that Freddie smashed up Mark's car, returned to slash the tyres (50) and made the final serious attack on Faith (62-7). **Frank** acted promptly to run to Millie's house and ensure the police were called (68). **Frank's** sister **Felicity** was at the paternal grandparents' house at the time, and the police collected her, and took her and **Frank** to Millie's house (68-72). In turns 78-80, **Frank** elided the next period; imprisonment, release, getting back together again, more

arguments, and (again clarified later) moving from Morris Road to their current address where Faith's new boyfriend, Fergus, later moved in (80-2).

Faith and **Frank** mentioned problems in school. In his first school **Frank** had experienced racism. Having moved to a school which the family expected to be more positive it was a disappointment when problems arose and were badly handled by the school. **Frank** had confided in friends whom he trusted and later felt betrayed by these friends, when other boys found out:

Faith: ...they were tormenting him about his dad and what his dad had done and everything else

Frank: It was just my friends, but then I got quite upset

Faith: The wrong people had been told

JK: So what would you say to another child about telling other people?

Frank: Make sure that you're careful who your talking to

Faith: Make sure you tell someone that you really trust

The police intervention **Frank** had initiated, although it had probably saved Faith from more serious injury, or even death, led to Freddie's arrest. **Frank** felt angry about the situation when Freddie got a 6 months sentence (125). **Frank's** behaviour when he was upset was labelled as 'ADHD' (128) although the school knew about the problems he was experiencing at home due to domestic abuse, and that his father was banned from collecting him from school (125-140). However, the same school recognised **Frank's** bravery in coming to his mother's aid and submitted his name for an award resulting in a medal, which was presented at a prestigious city-centre venue (100-106).

When Faith came out of hospital with her facial injuries she was offended by the unwanted attention she attracted:

Especially when people are staring at you and you - you know when I went to do the Christmas shopping you know - I was in Morrisons - and I.. it was only like two weeks after it had happened so I looked terrible and I'd got sunglasses on you know and it was about seven o'clock in the evening and it were the winter time and you know people were just rubber-necking And I'm like - What are you thinking! You know what I mean because that were...a bit seedy I'm like thinking well just F off... You don't know what happened to me and if you want to make your own thing up well go ahead...

TRANSCRIPT

Faith approached a solicitor for advice about her rights, and acted on the advice given. Reflecting Faith's reliance on supportive friends, **Frank** had no hesitation about where to go when he, and she, needed urgent help to deal with Freddie's attack. In spite of his bad experience of being betrayed by friends at school, I had no doubt that **Frank** had a good understanding of how to get help from professionals as well as from friends should he need it. F ⇒ p.150

The women and children had all accessed some much appreciated support from Step by Step. However, access to this was usually through schools, and some schools are much more likely to understand the issues and make the referrals than others. These families were therefore doubly advantaged through the system as it stands.

5. Understanding a life-time experience: Helping children to understand events over their own and their mothers' life course.

(Extended Example – Family **D** ⇒ p.151)

Domestic abuse has impacts on women and children that often extend over many years, and sometimes has further delayed impacts. One effect of the story sessions, and of subsequently reading their own stories, was that the events, their impacts, and the on-going nature of the threats between the critical incidents, became clearer to the families. Participants mentioned feeling embarrassed, guilty, and anxious about seeing or hearing such condensed summaries of their life experiences.

For **Angel** and Anna the abuse was a brief experience in their life times, and there was no continuing abuse, although Anna was obviously still suffering the knock-on effects on her education which had been disrupted and which she had delayed restarting due to lack of confidence. Because the story touched on, but did not explore, the relationships with Andy, with **Anton** and with Anna's mother; and because **Angel** was reluctant to take a full part in the story-telling, the story lacked the depth seen in other accounts. It did however, serve the purpose of crystallising the events of that period. A ⇒ p.154

For Brenda the whole of her life was 'bad'. As soon as we met she was apologising for being late, and for coming without **Bella**:

I asked if she had had a bad day and she replied, 'bad day, bad week, bad month, bad year, bad decade, bad century'. I asked if the last century had been better, and she replied 'No – I've just had a bad life, abused by my dad, abused by my mum, abused by my gran, abused by my brother'. 'But', she added, 'things have got a lot better since Step by Step'

RESEARCH NOTES

B ⇒ p.155

Cath, like Anna, has lived in the same home for years and has many friends in the local community. Her brother visits regularly, but he is the only remaining member of her family following a number of deaths. She lost three babies, and then her mother and father. She was still very angry about Charles's insensitivity to these losses and her grief. However, she still talks fondly about Charles's parents

*Cath: I'm the only one who's got photos of Charles's dad, he [Charles] is not bothered about him... I'm making an album for **Chris**, he's got a right to know.*

TRANSCRIPT

Cath talked about incidents that had occurred at her mother-in-law's house; on one occasion Charles had grabbed her and put a knife to her throat in the kitchen. She and **Chris** found it hard to come to terms with the reaction of Charles's family. Her mother-in-law seemed to want to minimise the whole issue, but in the end Cath had to climb out of an upstairs window and the police found her on the roof of the bay window. **Chris** asked whether another relative, Curtis, was there at the time, and struggled to accept that he did not intervene (see Story Book, Appendix C, pp.1-2)

Cath and **Chris** were still facing severe contact issues during the intervention. In addition to threats to kidnap **Chris**, or to set the house on fire, and abusive messages to Cath via **Chris**, Charles was very unreliable, and difficult to please regarding contact arrangements. However, Cath is very keen to support **Chris** in his relationship with his father in a number of ways. As she has lost so many family members herself she feels that **Chris** should have the benefit of an extended family; she also maintains a

relationship with Charles's mother. Nevertheless she is determined that that her son will grow up with the values that she has inculcated. C ⇨ p.160

Edward's life has been dominated in many ways by his abusive father. For Ellie, the big break she made in her life in moving away from Ewan, was successful, and led to her being rehoused near her mother. However, that decision has left **Edward** with the problem of experiencing rejection from his father at the same time as his grandfather is terminally ill. Ellie is sensitive to **Edward's** feelings about this, and is helping **Edward** through this dual loss. **Edward's** anxieties about being bullied, in the street and at secondary school, contribute to his pessimistic view of the future. However, the close relationship between **Edward** and Ellie was evident in the sessions. E ⇨ p.154

Faith described how she came to renew her relationship with Freddie following the critical incident:

Faith: He phoned me up on the kids' birthdays and asked if he could see them and he'd only been out of prison for a few weeks and I met him in the park and I didn't let him know where we lived for a long time did I? and then well yeah I trusted him again and he used to come round with the family... and then it was alright and then we you know we just weren't getting on – don't know it just wasn't working.

TRANSCRIPT

Her renewed trust in him did not last long. After this second separation **Frank** wanted to contact his father again, but got no response. For both Faith and **Frank** there was a palpable sense of loss of the father who had been there and attentive to his child, albeit infrequently:

Frank: He lives in a flat on the [S. estate] – well that's what I've been told –

JK: So you've not seen him? When was the last time you saw him?

Frank: er... Last August [11 months previously]

Faith: He don't want to know – nor his daughter – so... We've tried haven't we, we've tried loads and loads and made arrangements but he never turns up – but that's his loss.

TRANSCRIPT

F ⇨ p.155

5.1 Understanding a life-time experience: Helping children to understand events over their own and their mothers' life course.

Extended Example 4: **Delilah and Diane: the case of 'direct scribing' Appendices D and D1:**

In this section I use materials based on **Delilah** and Diane's project sessions to show how the disruption of Diane's adolescence left her at risk of abuse, which then affected the whole of **Delilah's** life; and how this is a pattern affecting an extended family. The 'direct scribing' introduced with this family shows how an alternative means of capturing the narrative expresses meaning differently. Appendix D1 is an anonymous version of **Delilah's** direct scribing time line of her life.

In the introductory session I had established that Daniel was in prison for violence (1-5). Diane was explicit that she did not want **Delilah**: "growing up thinking that's a way of life and living." (7). **Delilah's** first question, in Story Session 1, should have alerted me to the tale to come, as she asked whether the hostel was women-only (15). Unfortunately, **Delilah** has already internalised and understood a pattern of living that has been based on escaping from violence and seeking a haven.

That **Delilah's** knowledge of hostels and other forms of temporary accommodation was extensive became clearer as the story line of her life developed. Diane was living in a hostel at age 16 having left her family home (14), and Daniel was ten years older and already had three children (17, 30). He first hit her six months into the relationship (17-19) and this continued when she was pregnant with **Delilah** (27) but the first serious attacks were when **Delilah** was a baby (27-44). In addition to attacking Diane while she was holding **Delilah** (38-42), Daniel abducted Diane from home after midnight, leaving **Delilah** at 18 months in the house on her own, and returning Diane after beating her up in his car (44-46). She frequently went to hospital with head injuries following his attacks (45). Other serious incidents included attempts at drowning Diane and setting her on fire (92).

Before the age of about 5, **Delilah**'s life was led against a pattern of a father whom she hardly knew, visiting the house to abduct, attack, or torture her mother (62-64). He usually came late at night, although sometimes the children were awake, and sometimes Diane's friends were present (64-70). It is no wonder that **Delilah** felt that the house was haunted: "it were right scary" (71-74). At one point **Delilah** was on the Child Protection Register (62) but Diane retrieved the situation for long enough to keep her children. After eight years during which she "went back so many times" Diane moved away (93).

However, that was not the end of the story, as Diane and **Delilah** only stayed away for a few months and were soon back in touch with Daniel through friends and family. One sad aspect of their account is that **Delilah** and Diane are aware of a number of friends and family members who are still living in abusive relationships; one example is included in Appendix D (95), but other examples occurred later in Sessions 2 and 3. Diane talked in Session 3 about wanting to help other people who were living with abuse, including male victims that she knew of. In Session 1 she reported exactly what she would like to say to others: and was clear that she does not judge anyone suffering in an abusive relationship because she knows what it is like to go back to an abuser again and again (92). However, her statement about not wanting **Delilah** to think of domestic abuse as a way of life is unrealistic (7). It is very obvious that **Delilah** has seen that families can keep going, coping and managing, under the unacceptable circumstances she has lived with. She is a friendly and confident child, who is doing very well at school, has many friends, and good relationships with her mother and siblings. However, **Delilah** understands, as Diane clearly explains, that a similar experience could have far more serious long-term implications for many people:

Diane: ... she's been on the protection register... so I have risked losing me kids over him (62)

Diane: He could have killed me at any point (93)... it only takes just one hit from him and it could kill (93)

At the end of the first Story Session, I suggested to Diane and **Delilah** that I could bring the laptop next time and that we could type their story directly on to it (93). I had encountered the work of Faye Martin (1998, pp.3-7) who gave her informants, care leavers, the opportunity to take control of their personal narrative through this process. I felt this would be appropriate for **Delilah** as she is very literate and yet was remaining quiet during our sessions together. I suggested that I would type as she spoke, telling me about the events of her life. In Martin's model the informant takes the role of following and correcting the script as the researcher types. However, **Delilah** had a different idea, she wanted to type herself. The outcome is reproduced in Appendix D2. A section of transcript records the conversation that **Delilah** endeavoured to capture as she typed up the account of her life (96-120). The result delighted me on first sight; but on printing it out and reading it I found I was quite shocked. Although the story was not new to me, the visual and brief complexity of the text was full of impact, but at the same time it was hard to decipher. I had to return to the transcript and video recording to make logical sense of the sequence of major life changes that **Delilah** had experienced. But the sheer injustice of what she had been through hit me directly from her brief text.

D ⇒ p.154

6. Can it ever make sense? Ambiguity and ambivalence

(Extended Example – Family B ⇒ p.155)

Questions without answers appeared at various points in my interaction with families. It became increasingly obvious that this intervention was not a process that was going to have a tidy ending. Various aspects of the stories told were not as susceptible to clarification as the 'friends' issue for Family F (pp.145-6); one example was an indication from **Bella** that her father would contradict the whole story (see below). These examples could be result of inchoate or unreflective thinking, of complexes of emotions that cannot be named as yet, or of uncertainties that may never be resolved in spite of reflection. I have grouped some of these examples together here under the

above heading in order to emphasise that ambiguity and ambivalence are frequently created by domestic abuse. Bringing one's children away from an abusive situation may not protect them from abuse, and will not protect them from a lifetime of uncertainty about the past. Telling the tale will help, but it will not bring release from this uncertainty.

Anna and **Angel's** concerns around **Anton** were only briefly mentioned in our conversations, partly because of the inappropriateness of discussing an older sibling without his explicit agreement. This was an eventuality I had omitted in my initial discussion of ethics. These unresolved issues left a feeling of sadness when we parted. Both **Angel** and Anna expressed dismay during the last session, and were very keen to come to a follow-up group; unfortunately this group never met, as explained above (p.112-3).

A ⇨ p.158

At a number of points in the story telling process I felt that **Delilah** was distancing herself from her mother's comments. She spoke relatively rarely, compared to the other children, and used movement to express herself on many occasions. In the introductory interview, see Appendix D (7), she looked down, in a way I interpreted as disassociation from Diane's views while Diane said: "But it's like.. I don't want **Delilah** growing up thinking that's a way of life and living..." (7). Later when Diane said "love takes o'er you" and I concurred, followed by Diane's comment "I'd never do that again" **Delilah** shrugged slightly (62); and when Diane said: "never again, is it love" **Delilah** sighed and, ambiguously, nodded (89). The final indication of the ambivalence **Delilah** feels is at the end of her Direct Scribing where she ominously concludes:

"The End 4 Now".

D ⇨ p.157

Based on the videos and transcripts, I perceived **Edward** and Ellie as more in agreement than the other dyads. They argued and contradicted each other over fishing

tournaments (36-43) and over the number of police on site (104-6), but they came over as having a strongly shared view of all the major aspects of their story. However, the conversation about contact with his father (pp.144-5) demonstrates how the situation remains unresolved and ambivalent for **Edward**. E ⇒ p.158

Frank also has unresolved issues with contact. The ambivalent, and humorous, way in which he remembered his father expressed some of this sense of loss and yearning:

Faith: I mean your life with your dad wasn't all that bad were it – you had lots of good times didn't you?

JK: What nice memories have you got of your dad?

Frank(Faith): Well there were when he taught me to ride my bike

He took the stabilisers off and then he put me on it and pushed it down the hill and said "pedal" (well...it were on the grass) and that learnt me to ride a bike. Throw me in a wave to teach me how to swim.

TRANSCRIPT

However, the tone changed to loss and regret when I asked:

JK: So do you miss him now?

Frank: No

Faith: I think you do really – deep down – don't you

Frank: I'll just stay with Fergus

TRANSCRIPT

F ⇒ p.158

6.1 Can it ever make sense? Ambiguity and ambivalence

Extended Example 5: **Bella** and Brenda see Appendices B and B1:

Bella was delighted with the idea of a story book and told me that she had always wanted a book of stories about her life. However, at the second story session, when she was on her own with me in school looking at the draft stories, **Bella** raised the idea that her dad would disagree with what had been said in the previous joint story session. Her first claim was that her dad would say everything in the whole book: "were one lie" (15). My initial summary of the incident as told by Brenda with **Bella** at our previous session was as follows:

One Christmas there was a big upset because Dad went out drinking with his mates and wouldn't eat Xmas dinner. Mum slipped wearing high-heeled boots

and grabbed a chair back and fell and hurt herself. He was asking why did you do that?

RESEARCH NOTES

Appendix B gives the transcript discussed below, and Appendix B1 is the story entitled 'Christmas Crashes' which **Bella** is challenging from her father's perspective. I had expected to have to deal with the issue of a mother or child questioning the truth of the other's version, so I was ready with a response that raised the idea of alternative views, different people having different stories (18, 20, 28). However, **Bella** continued the idea of "making it up" (31) or "telling lies" (33). She seemed to want to believe her dad (33-39) so I explored her direct knowledge of the incident (39-42), and suggested that she might have some "different ideas about what might have been going on" (43). Her response was that she does not know. I interpreted her position as being that of "not knowing" but "just knowing little snippets that she saw" (45); she rejects this: "All I know is what people tell me (mm) and no-one tells the truth" (46). My question "Is that how you feel?" enables her to justify what she is saying by quoting her mother and father who both say they will tell her more when she is older. In 47, I suggested that she was: "making her mind up" and again tested out the 'snippets' idea, this time describing them as "little bits and pieces that people have told you" and a few things that she has seen; and she seemed to concur with this formulation (47). However, she was not satisfied with my idea that she will be able to get more from her parents when she is older (47): "I'm asking more anyway" she retorted (48). Finally she wanted to know about the session when I spoke to Brenda without her, and I explained that it was mainly about doing the paperwork (50-3).

I asked **Bella** if she wanted to discuss this with Brenda at our final joint session, but she was adamant that this was not what she wanted. During the final session Brenda left the room at one point and I checked again with **Bella**, in case she had changed her mind about further discussion around her father's opinion of the stories. Again she rejected the opportunity to discuss this with me and her mother together. However, as I was leaving, my recording equipment packed away, **Bella** suddenly turned to her mother

and said “Anyway dad said it was a lie”. I said to Brenda: “Over to you now, I think you’ll have to talk to her about this.”

On reflection, when I returned to my notes of my first meeting with Brenda I realised that I had been told ‘more’ than I had conveyed to **Bella**. At that first meeting Brenda gave me a brief but coherent outline of her relationship with her own mother, and an account of the headteacher’s support in enabling her to leave Bill. There was also a relatively recent and telling story about contact. The children had excitedly told Bill about Brenda’s new car. However, this had led to a very negative response. My notes from the meeting with Brenda state:

The children returned from the weekend saying that he had refused to take them to a party they were expecting to attend ‘...because you don’t need to go to parties – your mum’s got all that money for new cars... she can take you out’.

RESEARCH NOTES

I felt guilty that I had not returned to these notes before that session with **Bella** on her own, and because I realised that I could have handled that session, and the final meeting with Brenda and **Bella**, better.

7. On metaphors

Brenda’s new car was an example of a metaphor that I failed to recognise when it occurred in the interview; it was not as simple as the one provided by Riessman’s informant Cindy who was ‘walking around with a cloud over her’ (Riessman, 1993, pp.44-7). However, in my reflections I recognised a number of examples; Bill’s rejection of Brenda’s new car can surely be linked with his feelings about her new partner; Bill has no money and no car. **B** ⇒ p.159

I did notice when **Delilah** described one of the many homes she had lived in as ‘a haunted house’ and I was not surprised; I had already heard that her father usually came to visit at night.

JK: Well it sounds as if your whole life was haunted because if someone kept coming when you were asleep and doing horrible things to your mum that sounds like much worse than a ghost to me.

Delilah (Diane): I remember once, when me mum took me dad out yeah no.. when me Dad took me mum out of the house and then she'd like walked round, and you can like walk round but I went out and followed her and she were already at house so I've gone down the bottom and walked round and you were at house – (which house?) our house. You'd just like run past.

TRANSCRIPT

D ⇒ p.160

There were the ornaments bought by **Frank** for his mum in a jumble sale; later when his father smashed them into his mother's face he realised that he: "didn't know they were so lethal" (67) a statement that could apply to fathers or ornaments or both.

F ⇒ p.161

In **Edward** and Ellie's description of the fishing tournament (36-48), there was some confusion about whether it was the regulations that excluded children, or whether it was Ewan or Ellie who did not want **Edward** to be there. In the very raw question of why Ewan was not available for contact there was a similar ambiguity. **Edward** definitely wanted to be there, but was it CAFCASS, his father or even his mother to blame for preventing it happening? (pp.144-5 above).

E ⇒ p.160

8. Reflections on the families' responses to the intervention

What did the women and children want out of the intervention? How did they expect to benefit? And what did they actually get from the intervention? The transcripts and observations provide some idea, and the final questionnaire (Section 9 below) provided some more information.

Angel's behaviour demonstrated that she revelled in the attention and her control in the situation. She was attracted by the video camera, frequently using the stop card to interrupt the proceedings; using it to block the lens at one point. She had very little

investment in the story of the abuse, her brother **Anton's** dominating behaviours were of more significance for her. **Angel's** on-going relationship with her father and half-brothers, coupled with her relatively short-lived, hardly remembered, experience of domestic abuse raised a question that was not addressed although it was present for me from our second meeting. Why did Anna get involved in the Step by Step group and *'The Tale That Can Be Told'*? In what ways did she think these projects would be useful for herself and for **Angel**? It was of course her right to engage as she met the criteria. When Anna told me that she did not want to speak to **Angel** about her own disrupted childhood, I wondered if the engagement with the domestic abuse projects was an activity that she felt comfortable with, because it did not require reflection on her early life, or intrude too much into her current circumstances. With **Anton's** challenging behaviour and criminal connections, and as a black woman, she probably had experience of considerable 'mother-blaming' from statutory services. As argued in Chapter 3 above, the opportunity to access a project where 'no blame' is emphasised from the start can be very important to women and children who are made vulnerable and anxious through exclusive practices and lack of trust in services that can be racist and make damning professional judgements.

Bella very clearly stipulated from the beginning that she wanted sessions alone with me, perhaps related to the fact that her mother had replaced her in sessions with the psychologist (above pp.142-3), or to her later complaint that: "no-one tells the truth" (Appendix B, turn 46). Even at the end of the intervention she felt cheated: "I want more anyway". In her case this final dissatisfaction is likely to be related to the high level of contact she has with her father and paternal grandmother. Linked to Brenda's complaint about Bill: "The only thing that you can think of doing as a family is going up your mother's", Bill's preoccupation with money, and his gambling, the likelihood is that **Bella** is managing continual resentments from both sides about each other, and about what it means to be a family. She was seeking a resolution that I could not offer.

Chris, like **Angel**, enjoyed the attention the intervention provided, and used it to remind himself of the effects of domestic abuse; for example he showed me round the house indicating the damage caused by Charles over the years, and he showed his feelings about the violence in a way that included acting out violent responses (see Appendix C). There was the ‘finger-gun’ pointed at Charles, later embellished by the idea that he could have thrown the coat hanger, or stabbed Charles. He also demonstrated how he was learning to box, and his interest in war included selecting illustrations of Lancaster airplanes for his book. Cath was continually trying to move **Chris** away from these violence-based responses, emphasising instead that: “we’re not like that”. She also offered examples of her own role in the local community encouraging other children who were living with domestic and/or child abuse and urging their mothers to do what she had done in separating from Charles.

Delilah and Diane were very interested in domestic abuse as a family and community issue, and yet in some ways this was accompanied by an implied acceptance of the phenomenon. Diane was interested in getting into work in the field, and she expressed her views, formed through experience, of the needs of male victims who may be inhibited, through stigma and suspicion, from seeking the help they need.

I formed a perception of Ellie and **Edward** (Appendix E) as being very close, a relationship shaped by their joint management of the abuse: joking about who ‘got done’ after the paint was spilt (28-9), and both staying awake at night, awaiting and trying to avert further incidents. They were both very anxious about **Edward’s** move to secondary school; with the other changes going on they were both keen to access help. **Edward’s** introduction of abortion as a topic (63) suggested that he wanted clarification about certain issues; in this instance his father’s allegations of Ellie: “being with somebody else” when she was pregnant with **Ethan**. **Edward’s** subsequent insistence about the grandparents with blue eyes suggest that he wants to believe Ellie and possibly to convince his father of this.

Frank presented as a thoughtful and sensitive boy who said from the beginning that he wanted to help other children who have been through what he had. He was clear about advice for other children.

Frank: No – well kind of – I felt really surprised because I didn't think I really deserved a reward

However, he thought other children should get rewards for bravery in similar circumstances. *JK: What else would you like to say to other kids about it? What d'you think would be a lesson for other kids?*

Frank: Just "Don't panic just go and find the nearest person and get them to phone the police" or whatever.

TRANSCRIPT (110: 115-6)

9. Questionnaire results (Families A, C and F: see Appendix 11, App.pp.27-30)

Following the party that no participant attended (p.113) a joint mother/child questionnaire was put together hastily to try and get some feedback on questions that would have been discussed separately with a group of women and a children's group. Just three replies were received, and only represent something of the views of these three families.

Section A enquired into the pattern of communication about domestic abuse, over a period of years, from before the families started going to Step by Step, to when they finished working on *'The Tale That Can Be Told'*. The completed questionnaires showed that Anna and **Angel** had started talking 'sometimes' after starting at the Step by Step group, while Faith and **Frank** had increased communication from 'sometimes' to 'a lot' during *'The Tale That Can Be Told'*. Cath had always talked 'a lot' with **Chris** about the domestic abuse.

I asked to whom they had talked about the *'The Tale That Can Be Told'*. Faith had talked to her daughter **Felicity**, and also to a friend, while Cath had talked to: "People

going through/have been through domestic violence.” Anna had not talked to anyone about *‘The Tale That Can Be Told’* but commented: “I heard **Angel** talking about it to her friend the other day.” Of the other children, there was no response from Chris, but **Frank** had not talked to anyone.

I asked how they had felt about doing the project. All the dyads who responded said that they had enjoyed the sessions ‘a lot’ and that they had enjoyed spending the time together. However, when it came to reading their own words, **Frank** and Faith felt: “Nothing really as we have already dealt with it through Step by Step and moved on!”; for Anna: “It was a bit horrible”, while Cath felt: “Confused sometimes that **Chris** felt how he did”, and also remarked: “**Chris** didn’t realise what I had gone through before.” She provided these same comments to describe her feelings about looking at the DVDs. Anna and **Angel** had not watched the DVDs due to lack of private time, while **Frank** and Faith felt ‘embarrassed’. The story books and **Frank’s** poem, however, were enjoyed more. **Angel** and Anna responded with : “Brilliant”, **Chris** and Cath: “Loved it – hope it helps others.” And Faith felt: “The poem was good and ‘summed it up!’”. At the end of the sessions **Angel** and Anna felt: “it were fine – perfectly alright”. Cath and **Chris**: “Realised how much we had been through – but survived.” Faith was: “Glad to help, as other women and children will gain as **Frank** and I did.”

Asked about what they had gained from the project, families A and C felt that they had learned ‘a lot’; Anna felt it had taught both her and **Angel** that they: “didn’t have to put up with that”, while Cath felt that she had learned to listen more. **Chris’s** response was that he had learnt to understand and respect people more. Of the women, Cath and Faith both wanted to do more as a result of the project; Anna did not. Cath wanted: “To work with adults who are going through what we’ve/I’ve been through”; and Faith said: “I would like to help women and children, who have been through the same.” Of the children only **Frank** wanted to do more: “I would like to help kids who have been through the same.”

Anna and Cath identified that they knew others who could benefit from the project, although Cath said they would not be: “willing to do anything about it”. Anna would tell potential beneficiaries: “That they’ll benefit from it, don’t bottle it up, you’re not on your own, it helps you to resolve it and things do get better.” None of the women came up with ideas of how to make the project better. Anna thought nothing needed improving, while Faith said: “The project as it is, is great, but things can always be improved. No ideas at the moment!”

On where the sessions should be held, Anna liked doing it at home; she and **Angel** had had one session in school. Cath, who had all the sessions at home, thought: “Anywhere neutral, with ideally somewhere for the kids to let off steam”, and Faith wanted: “Somewhere easily accessible and maybe with outside space for nice weather”. All three women respondents thought the people running the project should have been through the experience of domestic abuse themselves; Faith thought that this should be in addition to domestic abuse professionals. Cath wanted: “Anyone who is sympathetic to this cause, but who can guide.” These facilitators should have the qualities of “Understanding and caring and not judging” (Anna); Faith referred to the list of examples and responded: “All of the above [patience, good at listening, understanding] and I think experience helps too.” For Cath: “Understanding is the main issue. Not rushing and pressing people until they’re ready.”

10. Summary

The interweaving of the stories, the transcripts and my analyses of their production has aimed to create a ‘thick description’ with multiple voices that provides a further re-description and can resonate with a reader’s experience to increase understanding of the participants. The metaphors, although picked up late in the process, provided a further layer of meanings that add to the overall effect. This in turn should help to increase

understanding of the experience of other women and children in comparable circumstances. I hope, too, that the benefits of the intervention 'speak for themselves' as well as being presented through my explanations, and in the conclusions that follow in the next chapter.

Chapter 7: Conclusions

In spite of the limitations of the methodology, a number of important claims are made here. These claims have significance for the practical implementation of the intervention developed, proposals for extension to the intervention in some circumstances, and for the use of similar methods of intervention in circumstances that have some parallels with domestic abuse in the way in which they impact on child-adult relationships. In addition I argue for further research in attachment theory as it relates to domestic abuse, and for the use of narrative research to develop certain aspects of enquiry into domestic abuse and its effects on other relationships, and on long term patterns of thinking.

1. Limitations of the methodology

The decision that a single professional would research the intellectual problem initially identified, led to a combination of participation and researching which had significant limitations and yet produced some very interesting and original material. The small ‘opportunity’ sample cannot be viewed as representative of a wider group of families that have lived with domestic abuse. In addition, the qualitative nature of the investigation and analysis restricts the claims that can be made from this data: the conclusions presented here are constructed with due caution. They are conclusions about an intervention that can happen, that can be useful to some participants, and that can be adopted and explored further by other researchers or professionals. The conclusions also point to the potential of the process used here as a tool for researchers investigating aspects of children’s lives.

The first limitation to be recognised relates to the self-selected nature of the sample. All the women involved left their abusive partners, sought out support for their children, and they were referred to, accepted onto, and fully engaged with the Step by Step project. Furthermore they had all responded to the idea of the *'Tale That Can Be Told'* and also expressed an interest in the research. They are therefore a self-selected and relatively privileged and settled group when compared, for example, to a refugee sample. Although the sample here included three families with multiple heritage; the racial dimension of their experience was not discussed apart from the brief mention of racism experienced in school by **Frank**.

The second limitation is that the stories exist here in particular forms that represent aspects of the experiences that underlie them. As Riessman (1993) and Emerson and Frosh (2004) demonstrate, the use of a variety of analyses, using different approaches to transcription such as Gee's use of stanzas (Gee, 1991, p.23-4, cited in Riessman, p.51) can uncover further meanings. Another, complementary, approach would be to look in more detail, and more critically, at how certain sections of the narratives are shaped and constrained by dominant social discourses (Emerson and Frosh, 2004, p.132; Riessman, 1993, p.69). These options would be important considerations for further development and evaluation of the approach.

The limitations of a short questionnaire administered at a distance, at the end of the intervention, are obvious. Where the questions refer to past experience the respondents will be providing answers they think are appropriate in the circumstances, based on what are probably vague memories of their activities at the time. The questionnaire was aimed at the mothers and children together, and this adds to the limitations; questionnaires C and F were completed in the mothers' handwriting, and Anna answered the questions over the phone as she had lost the questionnaire.

However, in spite of these limitations, the data recorded proved ‘thick’ and extensive enough to enable a number of claims to be made about the processes that were at work during the intervention.

2. The evidential base

The basis for the conclusions presented here are texts, and ideas about those texts, which suggest professional practices that contribute to breaking the ‘conspiracy of silence’. Firstly, the narratives of the women and children can be recognised and appreciated in their own right. They also provide evidence of the time spent together communicating about the abuse. Furthermore, the transcripts help to identify ways in which the women and children supported each other in producing narratives. The families were given the transcripts, written-up accounts, books and DVDs, and talked about valuing and keeping them. They may revisit these products, or at least come across them, which in itself may reactivate a memory of the project. A third source for the conclusions presented here is the variety of comments made by participants, during sessions and in questionnaire responses, about the intervention and the products. The transcripts also enable the identification of characteristics of the facilitator role; which suggests ways of improving the intervention, and points to successful aspects of the process.

Narratives are in themselves interpretations of events. The narratives co-constructed by me and the dyads are interpretations ‘all the way down’. No matter how deeply the enquirer digs only further interpretations of events and feelings can be uncovered. My own stories, of doctoral study, of my own happy childhood, and of domestic abuse in my married life, underlie the construction of this study and the intervention. Many stories inherent in the families’ experience, including memories of Step by Step, also influence the accounts presented in this thesis. The narratives link to events that are

real and memorable to most of the participants. The stories have been elicited, recorded, transcribed and now transposed, discussed and re-packaged within a thesis, in order to change activities in the world. The subjective nature of this material is important in increasing understanding of how families actually feel and communicate about domestic abuse. These understandings have important implications for practice. Houston (2001, p.853) describes the importance for social work to identify and utilise the causal mechanisms located at different ecological levels such as the wider society, in personal networks and within the individual. Returning to Bhaskar's formulation (p.96 above), the stories are mechanisms, structures, powers that have effects. My claim is that they have 'fidelity', to use Blumenfeld-Jones' term (1995, pp.25-36), both to the truth, and to the women and children's experience of the events. I have called them works of art, they resonate with the ideas of those who read them and continue to influence further thoughts and actions.

For me, one very interesting outcome of the study is the way in which all the theoretical exploration pointed in the same direction; the child's early involvement in narrative-like activity with the mother, the importance of internal representations (proto-narratives) of how mother behaves in order to develop trust, the importance of having coherent stories of one's own life in order to provide security to one's children, the importance of narrative in explaining, giving the opportunity to reflect, and to share experience, and the belief in narrative as a: "primary act of mind" (Hardy, 1975, p.3) something we cannot do without.

3. Meeting the aim and objectives of the research (see pp.36-7)

The main aim of the research was to explore a family learning activity to support social and emotional well-being, in the form of joint development of family narrative in mother-child dyads, facilitated by a professional.

3.1 Professional facilitation (Objectives A & B, Questions 1,3,4,6,9, & 12)

The professional facilitation will be discussed first. It was carefully thought through before the intervention was initiated, but was refined in the practice of working with the families and reflecting on the sessions. The research questions asked how participants responded to the professional, and how facilitation eased or hampered the process of communication between the mother and the child, and supported the production of a narrative that would be satisfying both to all the participants, and to a wider audience.

The answers to these questions have emerged from my reflections on the process and analysis of the transcripts and videos. They are reported here in terms of framing, flexibility and responsiveness, trust, motivation, and a friendly conversational relationship. These represent aspects of the professional stance adopted that felt useful and empowering in the intervention process.

3.1.1 Framing

‘Framing’ implies drawing boundaries, creating a ‘frame of reference’, perhaps a scaffolding or a set of reference points. The beliefs and practices that set the scene and established boundaries for this intervention, depended on a sensitive, but generalised, understanding of the types of issues that the children and women might be facing. This understanding was realised through adopting a no blame approach, giving participants escape routes and safety nets, and asserting the equality of the participants. For example, only minimal details of the women and children were accepted on referral, which ensured their privacy in the event of an early refusal. Their right to withdraw, with no explanation required, was also established initially; the Stop and Go signs put power (literally) into the hands of the children.

This framing occurred from the outset; in the Step by Step Coordinator's phone call to the mothers, and in my follow up call, on first face to face contact with the dyad, where it was reinforced in writing in the letter given to woman and child, and in attention to the practicalities, such as food, activities and goodies for children.

3.1.2 Flexibility and responsiveness

Secondly, responsiveness to the family was seen as essential in developing a more personalised understanding. Attention was paid to meeting each family's practical needs as closely as possible. Reflective listening techniques were used to ensure understanding, without being intrusive. I used checking questions that drew attention to participants' feelings about my actions; "are you all right if I...?"; "how do you feel about ...?". Furthermore my minimal responses, "mm"; "OK..."; "right..."; "ow!" during conversations offered reassurance of my attention, and of my emotional response to the narrative. I used eye contact to engage both child and mother, and also directed prompts and questions at each with the intention of getting full participation of both.

3.1.3 Trust

Thirdly, I became increasingly aware of the importance of participants' trust in me. Trust can be earned, acquired from another 'holder' of trust, or lost. Trust can also be reinforced through demonstrating an increasing understanding of a person and their circumstances. Allowing a practitioner to take notes, videotape, transcribe and reproduce confidential materials requires considerable trust. I inherited some trust via the Coordinator of the Step by Step project as a result of good experiences which the women and children attached to the programme. Given that many women fleeing domestic abuse have had bad experiences when dealing with services, care was taken to build on this trust from the outset. It was also regarded as important not only to act to respect the participants' confidences and protect their data, but also to be aware of the risks they face if they too readily trust others.

3.1.4 Women's and children's motivations

Fourthly, there was my increasing understanding of the varied motivations that the children and women brought to the project. My responses varied according to the nature of the motivation that I detected in each family. Some children and mothers wanted to help others. Some seemed interested in presenting themselves as responsible, 'hard-done-by' individuals, who had now 'moved on'. Some needed to complain about other services, people, and abusers; perhaps being able to do this from a position of increased power. Some seemed to be justifying themselves and their actions. All of these presentations were understood as valid and appropriate given the pattern of the participants' lives.

One interesting observation is that a major motivation for engaging with the project, for at least three of the families (C, D, and F) was that of wanting to help other people who are going through or have experienced domestic abuse. The benefit of utilising this motivation is something that Epston (2000, 2004) recognises formally with his clients through acknowledging that their: "personal solution knowledges can be more viable, enduring, and efficient than imported 'expert knowledges' which too often disable those we seek to help." (Epston, 2000, p.206). In the initial letter to participants for this study, part of the purpose of the work was described as: "Give advice to me, and others about how we can be more supportive to women and children who are going through the same experience" (Appendix 6, App.p.7). For the women and children who are motivated in this way there is an additional incentive to engage in the project. For the practitioner it offers the potential to create follow-on activities that support these individuals to use their knowledge and understanding in some way; for example, with their peers at school, or their local contacts. More formally, they could be invited to contribute as a board member of a domestic abuse organisation, through undertaking domestic abuse volunteer training, or via another route.

The study threw up a further question through my reflection on participants' motives: namely 'why were some families seeking help with domestic abuse, rather than other aspect(s) of their life experience?' (see for example pp.158-9). I concluded that the motivation to engage with a project that offers support without blame may bring women to domestic abuse services rather than for example, parenting or mental health services.

3.1.5 A friendly conversational relationship

Fifthly, during the intervention I aimed for an interaction with the family in a way that felt friendly and conversational. The approach was neither that of an intrusive interview, nor a therapy session. Although the framing referred to family learning, this was not about teaching externally imposed content, or providing 'expert knowledges': it was about enabling the memories and narratives of mother and child to meet and cohere. I wanted to avoid creating unnecessary additional distress, while enabling discussion of pain that was sometimes very much in the present. As an independent professional, there for the benefit of the participants, I also sought their help to improve things for other children and women in similar circumstances.

Overall, the carefully thought-through and implemented framing process helped to create the possibility of flexible and responsive attention to the individuals, which further enhanced the inherited trust. My acceptance of participants' motivations, or lack of motivation, contributed to the friendly conversational relationship. These combined effects of my professional role form part of the model which is discussed further in Section 3.5 below.

3.2 Co-production of narrative compared to other approaches (Objectives C & D, Questions 2,3,7,8,10 & 11)

The evidence provided by the transcripts and accounts presented in Chapter 6 confirms that eliciting narrative is an effective way of initiating talk about the abuse in at least some families that have rarely talked about it previously. In this section I compare the narrative approach to some other approaches with which it shares some aims.

The first thing to point out is that there is scope for a range of interventions that can complement each other and/or offer specific attributes that suit a particular child, mother or family. The '*The Tale That Can Be Told*' is a short intervention, and one that can be interrupted (as in the case of Family E) without it feeling like a failure. The successful way in which this intervention was used to follow on from Step by Step³⁹ shows how one intervention alone may not be sufficient for a family: it may feel too short, or the changes may feel too fragile to be safe. The approach of separate mothers' and children's groups, over 10-12 sessions, coming together for some activities, is based on the London, Ontario programme (Suderman *et al*, 2000) and contrasts with the shorter joint approach used here. A family that wanted more support after doing '*The Tale That Can Be Told*' could be referred on to Step by Step, or given the 'Talking to My Mum' materials.

'Talking to My Mum' is designed for use in refuges, although it can be adapted for use elsewhere. Again the '*Tale That Can Be Told*' is seen as complementing, not replacing, this valuable resource which contains many activities that can be used to develop further thinking round the emotional and sensitive issues that were initially broached in the narrative sessions. Where 'Talking to My Mum' has been tried with a particular family, and has not been successful, perhaps due to timing, or resistance from a child, it could be useful, even in refuges, to attempt '*The Tale That Can Be Told*'.

³⁹ For some families there were a few months between the two projects, for others there was over a 2 year gap. See Table opposite p.133.

Even a short period, maybe two brief sessions, can produce a narrative that is accepted and enjoyed by the dyad. The input required to produce a book; for example to re-run 50 minutes of tape and take notes, then check them with the dyad at a second session before typing up could take a total of 3 hours of worker time. Undertaken in a refuge setting where trust is already established between worker and family, the time taken could be reduced further through testing the concept in advance with the child and woman. This type of framing, within an accommodation project, can become a powerful way of preparing subsequent generations of residents for the interventions that have worked well for previous families. In addition, a family that has worked successfully through 'Talking to My Mum' might like to take up for themselves the challenge of making a story book or video with less support from a worker. *'The Tale That Can Be Told'* could also be used alongside play therapy, play work, and advocacy work with children in refuge or safe community situations. To complement a parenting programme, the effect of initiating a narrative with one of her children is likely to make a mother feel more positive about her ability to support her children. When used alongside 'Helping Children Thrive' (Baker and Cunningham, 2004), the intervention would complement sessions on talking about emotions. Even within the context of the story-telling identifying how you feel is difficult; to ask children how do they feel about their past lived experience, unless they are very used to emotional communication, as **Chris** was (p.140 above) is, in my experience, likely to elicit a non-committal answer such as a shrug, or 'OK'.

Narrative therapy presents another approach that has some overlap of aims with *'The Tale That Can Be Told'* but has a far more extensive 'toolkit' of questioning and eliciting techniques. It was influential in supporting my idea of using narrative forms in this thesis, but I was not able to pursue the approach in sufficient detail to incorporate it in my own practice. For the purpose of designing an intervention for many practitioners to use after a brief training, narrative therapy would not be suitable. However, I have no doubt of its value in this type of family work.

3.3 What the narratives contribute to an understanding of domestic abuse

(Objective C, Questions 7 & 11)

As expected all the women and children had been through extremely distressing and frightening episodes; in some cases there was real threat to the lives of both women and children while in others the abuse was mainly emotional and caused personal feelings of hopelessness, worthlessness and vulnerability. In all cases the women had made moves to establish a family life that was secure and supportive, drawing on sources of support and seeking out professional help. In contrast, the abuser's relationship with children fluctuated according to his needs at any time.

There was also evidence that for some families the long-term involvement with violence, including violent criminal behaviour outside the family, had led to a level of acceptance, sometimes existing in conflict with a commitment to the possibility of an alternative lifestyle for self, including educational attainment, not ever accepting violence from a partner again, and not wanting children to be involved in violence.

There was one surprise finding; namely that the women were not able to access continuing support from their mothers (the children's grandmothers). One question this raises is whether the grandmothers were aware of the abuse? Perhaps there is a pattern of mothers withdrawing from a daughter who is in an abusive relationship. It would be interesting to research this further, and to study the effects on children in similar circumstances, of access to, or separation from, grandparents. Of course the separation from grandparents may be imposed by the abusive partner, or initiated by the daughter to reduce family conflict.

3.4 Interaction, communication and learning (Objective D, Questions 3,4,5,6,8,9,11 & 12)

These aspects of the research aim were highlighted by questions about how beneficial the intervention would be, whether it would support communication, including emotional communication, within the dyad, whether it is appropriate as a learning activity and whether it would build confidence and communication with extended family members, friends and other practitioners.

There was clear evidence of strong attachments between mother and child in every case. The exchanges between the mother and child provided evidence of close listening, understanding, questioning and teasing out meanings between them. The actual time spent in focused communication between mother and child was significant. In addition some of the families did continue referring to the project between the sessions and after the final session; this included discussing some of the questions raised and revisiting the material.

The children and women addressed much of their talk to me; as expected, I was seen as the audience. However they also addressed some of their contributions to each other; for example, to clarify or explain some aspect of the story, or the meaning of an event, or to offer support based on their awareness of the other's loss or anxiety. The children interrupted me, or their mothers, asking questions, suggesting new directions for the conversation or challenging a statement. Sometimes this was to get attention, or to divert us from an uncomfortable conversation. Children often offered tentative ideas and looked to their mothers for support. They were very willing to negotiate with the mother, although firm answers were not necessarily achieved. Sometimes it appeared as though the negotiation had stopped because of my presence, a courtesy to me, perhaps, or an awareness that further dissent might lead to more private territory. Questions of 'truth' or 'reality', or 'did it really happen like that?' did not surface very

Table 3**Factors and Constraints**

Professional structures	<ul style="list-style-type: none"> ○ CIN & CAF plus multi-agency arrangements/ requirements. Vulnerable adults. Risk assessments and safety. ○ How schools' diagnoses are applied eg. ADHD behaviour issues, SEN, bullying, lack of attainment ○ Racism in professional contexts. Is safe interpreting funded and available? ○ Issues around Housing and Homelessness. Sanctuary. Temporary accommodation, refuges & hostels
Professional expertise	<ul style="list-style-type: none"> ○ Experience, understanding, and reflection on the process of interviewing adult and child together ○ Practical skills of child/woman management eg. arguments, inappropriate content or behaviours, keeping child engaged & managing mother's needs ○ Understanding of the relevant issues for mother and child e.g. mental health, substance use, contact problems etc. ○ Judgements on process e.g. to give from own experience or not, how to write up narratives
Factors in the child	<ul style="list-style-type: none"> ○ Suspicion, lack of understanding, ○ Relationship/contact with father/abuser ○ Sex, age, age at DA experience ○ Lack of memories (suppressed?)
Factors in the mother	<ul style="list-style-type: none"> ○ Suspicion, lack of understanding, ○ Attitudes to the worker e.g. Testing, over-acceptance ○ Mental and emotional health ○ Aggression
Mother-child relationship	<ul style="list-style-type: none"> ○ Attachment / rejection ○ Management of behaviour ○ Habits of communication ○ Closeness during abuse
Factors in the 3 way negotiation	<ul style="list-style-type: none"> ○ Emerging doubts, omissions, falsehoods ○ Belief and trust building up ○ Creating a positive emotional environment ○ Interest to maintain momentum cf. diversions
Factors in the extended family	<ul style="list-style-type: none"> ○ Siblings, teen abusers, babies ○ Maternal grandmothers – available or not? ○ Attitudes to DA and violence – knowledge (or not) of how to help? ○ Mother's childhood experiences and her interpretation of them ○ Perpetrators attitudes to extended family
Factors in friends	<ul style="list-style-type: none"> ○ Lack of /support from friends ○ Attitudes to DA and abusers – knowledge (or not) of how to help? ○ Availability to talk to
Continued risk of abuse	<ul style="list-style-type: none"> ○ New partners ○ Perpetrator out of prison ○ Teen sons ○ Contact with fathers ○ Threats to friends and family

often: however, occasionally I was aware of a tone of voice, gesture or hesitation that alerted me to a potential conflict of view or inference.

All the families used emotional communication, in the sense of communicating about current and past emotions and motives, and also expressing their immediate feelings in the sessions. However, there was a wide divergence in the extent to which these emotions were related to the narrative of domestic abuse. The fact that the three families that completed the questionnaire enjoyed the sessions ‘a lot’ suggests that my intention to create a positive emotional climate succeeded for at least half the participants.

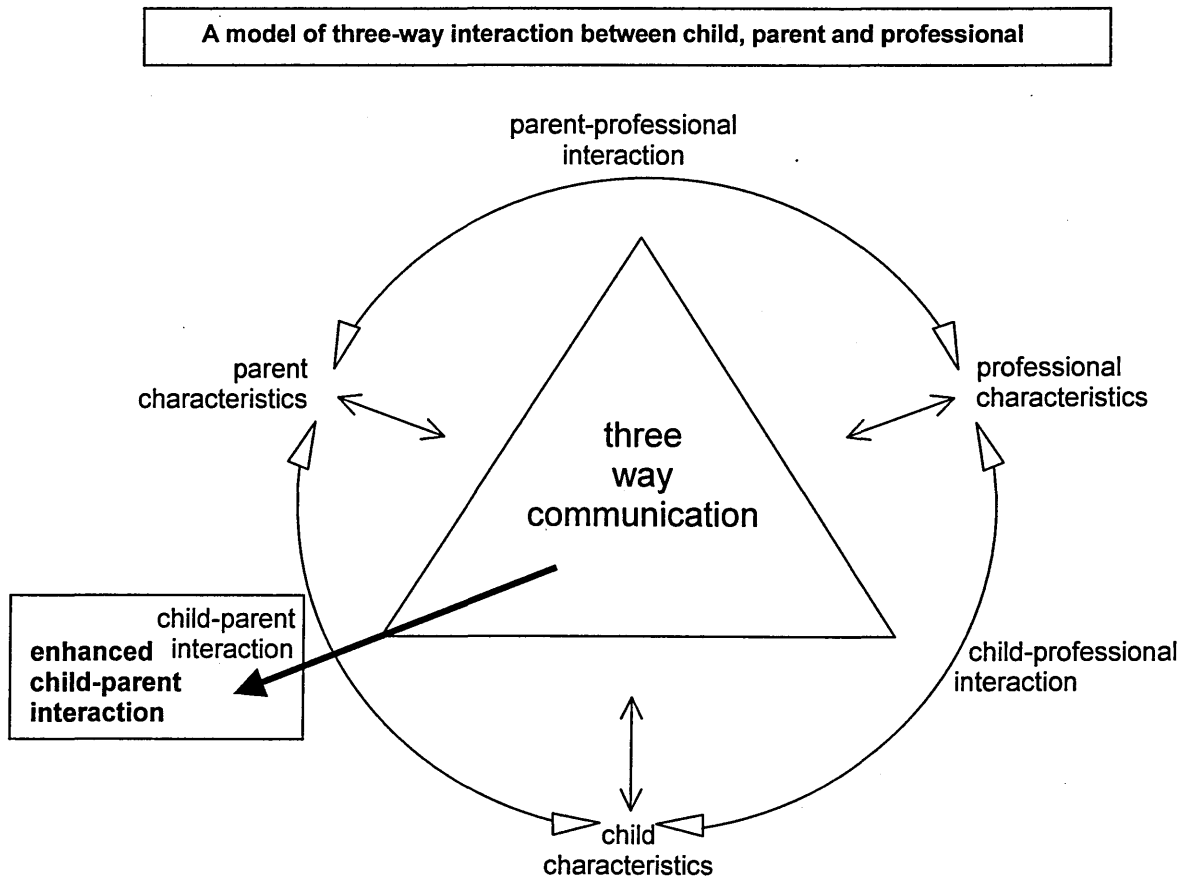
There was less evidence of continuing communication beyond the sessions, either within the dyad, or with other parties. The absence of evidence is largely attributable to the loss of commitment from families to the planned focus group. Some of the research questions around this and other matters need further investigation using a suitable methodology. The discussion around learning planned for the group sessions was another loss that was not fully replaced by the questionnaire responses. However at least two families recognised that women and children had learnt from the intervention.

3.5 A model of the family learning approach of negotiated narrative (Objective D)

Table 3 opposite, provides a summary of contributing factors and constraints in the approach. The professional facilitation that is necessary for this work includes careful framing, attention to developing trust and building on individual motivation, and flexibility and responsiveness expressed within a friendly conversational relationship as described in Section 3.1 above.

Figure 4 below models the interactions between child, mother and worker. The space created between the participants enables the conversation between child, mother and facilitator to develop. The existence of this three-way conversation means that the 'conspiracy of silence' has been broken. This fact then feeds back into general mother-child interaction beyond the intervention.

Figure 4



However, the three-way interaction is best understood as more than just the sum of the three separate relationships. Rather, it requires attention above and beyond these in order to create the necessary space for the conversation to develop and become a narrative. A crucial factor in the creation of the three-way communication is the

recognition of the dyad as a long-term and in-depth relationship; the key, lifelong relationship for the child, and a highly significant relationship for the mother, particularly in the context of the abusive relationship in which she was previously embroiled. In some cases the domestic abuse seems to have brought the children even closer to their mothers. Four of the six children studied were the first child of their mother, and **Chris** was a surviving baby for Cath after three losses. The separation between the women studied and their own mothers is an additional factor underlining the importance of the dyadic relationship with the child. For the child, the two adults present in the intervention represent in some way the possibility of calm and respectful adult communication with a child. The facilitator is supportive of the child and mother, to ensure that priority is given to the child's needs, and that both voices are heard. This pattern of communication contrasts with the pattern frequently encountered within abusive families. It provides an alternative model to the child to that gleaned from their previous experiences of being involved unwillingly in angry, frightening interactions between their mother and the abuser.

I developed the model of 3-way meetings, included as two diagrams in Appendix 1, as part of a pilot study prior to the main fieldwork described in this thesis. The criteria I developed at that time to be applicable to a range of contexts, proved invaluable in creating the space for family learning in this study.

The focus on 'full inclusion of children', and for 'engagement between professional and parent-child dyad', draws attention to the power relationships between the participants. Many of the points are best addressed prior to the actual meeting, and as such formed part of the preparation and framing process for this intervention. However, during the actual sessions, support was occasionally needed to ensure that the child had understood and to enable the child's entry into the conversation.

The framing set up expectations which then unfolded during the intervention itself, and contributed to the smooth running of the story sessions. My ability to attend to the content covered and the manner of expression adopted by the children and women during a session, was enhanced by the re-running, and transcription of the video between sessions. This gave me greater assurance in the following sessions that I had correctly grasped the meanings intended. However, checking back with the participants conveyed further my interest and engagement.

4. How the study advances research, theory and practice in relation to child-mother relationships as affected by domestic abuse.

The work developed and presented in this thesis is both original and important. In this section I make a number of claims about the implications of the study for practice, drawing on the theoretical underpinnings as well as on the data-based findings.

4.1 Implications for further research

Firstly, narrative research could be used more frequently in studies of domestic abuse, and would provide a longer-term perspective on individuals' experiences that would be particularly useful to professionals in the field, and to inform policy-making⁴⁰. It would contribute to better understandings of the diverse ways in which those affected make sense of, and reason about, their predicament. It could assist practitioners to identify routes that could help women to make changes in their own and their children's lives.

Narratives produced jointly by two or more participants offer a further research possibility. As seen from the analysis carried out for this study, even a relatively

⁴⁰ This might be one way of following up Capaldi and Kim's call for more evidence about long-term patterns of abuse (see p.60 above).

straightforward approach to the dyads' interactions reveals detail of experiences and relationships that would be difficult to uncover in one-to-one interviews. The evidence given above (p.141), about the absence of links between some of the women participants and their own mothers, suggests that interesting dyadic narrative work might be developed exploring the effect of domestic abuse on such relationships. Siblings might also talk together about their experiences of domestic abuse in the family. This could be particularly relevant where they have been separated from their mother, and in such cases would help professionals to understand better the family dynamics.

To researchers interested in children I would recommend narrative work with dyads as a very satisfying and interesting way of finding how children communicate, and how they interact with others to represent issues in their lives; this approach complements individual interviews.

I have drawn a fine line in this study between the research and the intervention. The original way in which this distinction is developed in this thesis has the potential to alert other narrative researchers to the longer-term implications of their interviews for the participants. Any research that enquires into autobiography or intimate personal relationships is an intervention in so far as it has a specific potential to elicit intense emotions and therefore prompt changed, and charged, thoughts as well as feelings. To pay full attention to these effects is an ethical duty of the researcher.

Further research into the nature of attachment behaviour in families experiencing domestic abuse from a feminist perspective would be very welcome, given the dearth of understanding of how women can sustain and regenerate positive attachments with their children in the aftermath of domestic abuse. Children's attachments to abusive fathers need to be understood better, in order to identify appropriate ways of supporting them through separation, or through continuing contact, where that is awarded by the courts.

4.2 The ‘Tale That Can Be Told’ as an original and effective intervention

4.2.1 Theoretical underpinnings

‘The Tale That Can Be Told’ differs in a number of ways from previous interventions that have been targeted at children who have lived with domestic abuse and/or their mothers. Part of the originality lies in the investigation and subsequent rejection of theoretical perspectives which were judged to have the potential to intensify emotions of guilt and self-blame; for example, parenting and/or behaviour-focused approaches. In contrast, the perspectives I adopted were those that emphasised empowerment and positive emotional responses (feminism, narrative, family learning, full involvement of children, active playful situations). My initial research into attachment theory uncovered a number of examples of attachment difficulties being attributed to deficiencies in mothering. However, my further analysis located evidence of the highly significant connections between attachment theory and the use of narrative within the dyad. This will be explored in greater detail in section 4.2.5 below.

4.2.2 Feminism

In this study, specific aspects of women’s experiences have been brought into focus. My discussion in Chapter 2, drawing on Radford and Hester’s work, demonstrates how women are often blamed for the problems their children are facing. This attribution of blame is shown to be a relatively neglected concern in mainstream practice of work with children; in both education and social work. It is identified in this study as an aspect of experience that could prevent women from identifying themselves to services that could help. It is also surmised that service users may expect specialist domestic abuse services to have a more ‘blame-free’ and ‘woman-centred’ approach than other agencies, although this may not always be evident in practice.

A mother moving away from a domestic abuse situation may for the first time experience some space within which she can construct a life for herself and her children⁴¹. She may be able to re-engage with her own views of child-rearing, that can so easily be diverted or diffused through coercion in the abusive context. Having distanced herself from an abusive man, she may be able to view the gender divisions in society with greater clarity, and understand her own and her children's situation in comparison with domestic abuse as a wider societal phenomenon.

4.2.3 Family Learning

The focus on family learning in this study capitalised on my long experience as a teacher, and in particular my work in the field of Family Literacy with primary-aged children and their mothers. I grasped the opportunity to use many years of increasing my understanding of the nature of effective education with children and families to develop an original approach to family learning. The originality included the identification of domestic abuse as a focus for the learning; sessions with one dyad at a time rather than with groups of adults and children; elicited autobiographical narrative as a technique for stimulating mother-child communication; support for social and emotional well-being as an aim, and a modified role for the facilitator. The practitioner role included framing the intervention in advance, and then eliciting and recording the interaction that constituted both the channel for, and the outcome of, the learning. The aim of producing a tangible product for the family to keep created a further role for the facilitator; that of re-writing the account into a story as a gift to the child.

The view of education underlying this study is one of empowerment through collaboration around a theme that is significant to both participants, and of great interest to the facilitator. The characteristics that promote such education are: a positive emotional tone, a recognition of what the learners bring with them, their control over the activity and the learning, and the open-ended nature of the sessions.

⁴¹ Unfortunately often women's ability to do this is hampered by a number of factors including increased relative poverty and continued demands and threats from ex-partners and fathers.

These characteristics are facilitated when the pre-framing and preparation have been meticulous, and the professional attitude is that of responsiveness and attention to deeper understanding of the participants. This view contrasts with models of education as didactic and constraining.

In this empowering model of learning a space is created for the participants to explore together, that enables questions to be asked, and seeks understanding. Answers to questions may be provided, but a question that is left unanswered, or partly answered is seen as an important hook with which the participants can re-engage in the future. Knowledge is not an end in itself in this construction of education, but it can contribute to the enhanced understanding that is the aim. There is evidence from attachment research that developing a good shared account of family events and the related emotions will help to support a sense of greater well-being and stronger relationships in the future. Learning with family members, exploring with those closest to you, those who know you well, who share many of the same nuances of language and experience, has the potential to be very powerful.

4.2.4 Narrative

My decision to use narrative as central to the family learning was the result of my long-standing awareness of the importance of stories in children's lives. This initiative, coupled with Family Learning has no precedent in the literature. I linked the idea with my concern about the inhibitions that prevent communication between mothers and their children (including within my own immediate family) about their lived experience of domestic abuse. The expectation that narrative would provide opportunities for explanatory, emotional, and reflective communication is borne out by the data presented in the last chapter and in the appendices. The women and children steered the narrative to meet their own needs, through controlling the content, shifting direction, altering the chronological ordering during the re-telling, and introducing additional ideas, episodes, explanations and emotions as the sessions proceeded. These elements of control by the participants contributed, within the family learning context,

to the raising of questions and seeking understandings that brought mother and child together as explorers of their shared past, and in some cases bringing unanswered questions into the present and future.

4.2.5 Attachment theory

In Section 3.3 of Chapter 3, I provide a review of attachment research from a feminist perspective. This review identified a significant theoretical background regarding the nature of narrative in close personal relationships. The work of academics in the attachment field has contributed little to date towards a full understanding the complexity of child/mother/father attachments, let alone the extrapolation of this complexity into the effects of domestic abuse on the construction and subsequent development of attachment within the family. The studies that do throw some light on the subject, which are discussed in Chapter 3, demonstrate the ill effects on mother and child, and their relationship. They also indicate that children can form strong traumatic attachments to their fathers, and that these can cause long term difficulties. However, they also show that there is potential to move beyond the negative impact and to support recovery through the regeneration of positive attachments and of trust in others. I have identified how the importance of narrative in this process is two-fold.

Firstly, narrative, in the form of shared reminiscences, is shown to contribute to the child's ability to 'hold in mind' the consistent and trustworthy aspects of the mother, the 'internal working model' of attachment posited by Bowlby (1973). *'The Tale That Can Be Told'* creates a space within which mother and child can talk about the past. It enables significant reminiscences to be re-awakened in the child's memory and later revisited. It is no surprise that professional intervention may be needed to facilitate the opening up of such a conversation given a situation where mother-child communication is so often attacked and distorted. The presence of the practitioner in the space opened up aids communication that is 'respectful', 'attuned', 'emotional', 'contingent', and 'reflective'; the criteria recommended to parents by Siegel and Hartzell for their significance in promoting good attachments (2004, pp.64-8). The practitioner also

provides an example of a trust-worthy adult who supports the mother to pay close attention to the child's needs; this can contribute to the process of rebuilding trust in current relationships which is identified by Ayoub *et al* (2003, p.116) as an important aspect of recovery from attachment difficulties. The practitioner also, in conjunction with the mother, provides an example of positive communication between two adults and the child about important family issues; a situation that the child may not have experienced previously.

Secondly, the contribution of narrative to attachment work relates to the mother's ability to form coherent narratives of her own life experiences. In Main's formulation, this is about the mother's own experience of being mothered, but as I argued in Chapter 3, this ignores the potential of maltreatment in her more recent past as causing an adverse impact on attachment. It is likely that domestic abuse will have affected a mother's ability to be confident that any of her relationships are worthwhile, and have lead her to doubt her own values and aspirations. In these circumstances an outsider can validate the mother's wisdom and judgements through providing space for the narrative in which she describes how, as protagonist, she cared for her child/ren and brought them to a place of safety. The development, with her child, of a shared, coherent story of their joint experiences confirms her ability to have positive and nurturing relationships with others. In addition her actions in protecting her child/ren are externally recognised as valid, necessary and to be applauded.

5. Implementation issues

A number of questions arise when considering the practicality of implementing '*The Tale That Can Be Told*'. The first that might be asked is 'what worker characteristics, training and support would be needed?' Secondly, 'where would the work be based?' 'To whom would the intervention be offered?' 'Is it realistic to insist on the full consent of both child and mother as was implemented in this study?'.

My view is that children's workers in refuges are well-equipped to engage in the implementation of the work. In recruiting children's workers for our refuge I have found that good candidates put themselves forward, of whom some have substantial experience with working with women and children together outside the domestic abuse field. The demands of the intervention on the worker are high, and careful recruitment is essential to ensure that all the relevant characteristics and depth of experience are present in the candidate. Training in the background and specifics of the intervention would be essential for all those setting out to implement it. Additional training in domestic abuse and child protection would be essential for any candidate without sufficient experience in these areas. A suitably qualified supervisor should provide frequent and regular supervision to the workers, to enhance reflection and sensitivity, as well as to provide support in working through difficult or complex situations.

From the experience described here, schools may be a good starting point for initial meetings with women and children. However, some schools may not be receptive, and in these instances a venue is needed that is easily accessed by the family. For some families this can be the home, which leads to additional safety and lone working requirements.

The intervention is in my view suitable for children and young people between 7 and 13. For younger children there are a number of additional issues that need to be taken into account. For example, if a young child does not actually remember the abuse, a variation in the approach would be useful. This would capitalise on the mother's ability and willingness to explain things to the child that might help the child to piece together overheard conversations, unexplained photographs, and indeed conversations with the father if there is contact. The mother-child attachment could be supported through play and fun activities in parallel with the exploration of the past conversationally. The literature of social work support for children after family

breakdown includes examples of practical activities that can support this communication.

For young people over 12 there is a different set of issues. At an age when disaffection can easily set in young people may be reluctant to spend time talking to their mother. Boys of this age may be experiencing issues concerning identification with their fathers. Where there is paternal contact the father may be offering accounts and impressions of the past that conflict with the boy's previous understandings. He may increasingly be identifying with his father rather than his mother, and/or questioning how and why things happened as they did. In addition a young person's awareness of stigma and the need to appear sufficiently in tune with the peer group may create an additional sensitivity and taboo around the idea of opening up the conversation about domestic abuse with the mother. The intervention will not work with a young person who is resistant, is questioning why she/he has been identified for this and who is feeling embarrassed and sensitive about what it will mean within the peer group. Creating time and space for a fully negotiated pattern of meetings and informed consent about the content of the intervention will be required. In my view this is will only be achieved with the involvement of a sensitive referrer who has the young person's trust.

The child's or young person's consent, in addition to the mother's is vital for the success of this intervention. For young children the issue is to what extent this can be separate from the mother's consent. A younger child may not fully understand what they are subscribing to initially; as was the case with Angel (aged 8), the use of the STOP sign can become ambiguous, is it a game or a real desire to opt out? Sensitivity on the part of the practitioner is the only safeguard here.

A further issue to be considered is whether the intervention should be extended to include some advocacy work with the mother and/or child in relation to using the story with other agencies. This might have the potential of increasing agencies'

understanding of the particular family, and perhaps also could increase their general understanding of domestic abuse.

6. Adapting the activity to other professional contexts.

As described above there are ways in which this approach can be used in refuges, although the idea should be introduced sensitively to women and children as the timing and other issues discussed earlier (see p.28) need to be taken into account.

It remains to be seen and explored whether the approach can be adopted by other workers for use in community or statutory contexts where domestic abuse has been identified as a key issue for a child. This is something I am continuing to develop through my professional role. I have put in a funding bid, which contains a proposal for narrative work linked to advocacy work for children, with linked referrals from and to local children's services teams. A full evaluation of this project, should the proposal be successful, would be an ideal next stage.

It is likely, although beyond the scope of this study, that this sort of approach could work with families experiencing other issues that are associated with stigma, taboo, shame and fear. For example it could have relevance for families living with substance abuse, or with mental health issues, or where difficult absences remain unexplained.

It became apparent that although it was the issue of domestic abuse that identified these families for participation on the project, many of them had other issues. In the case of some families, the child's behaviour had been identified as a problem long before problems related to domestic abuse had been identified. A narrative approach to investigating behaviour problems in a mother-child dyad from an earlier stage could be significant.

An intervention devised to support the women and children has also proved to be a very interesting way of finding out more about their lives within the family; I gained greater insight into how families manage domestic abuse.

I felt privileged to witness the emotional communication shared by the women and children I worked with, and the fun and exuberance they often showed in spite of the heavy emotional burden of the stories they were working through.

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Appendix 1 Model of 3-way meetings

Diagram 1

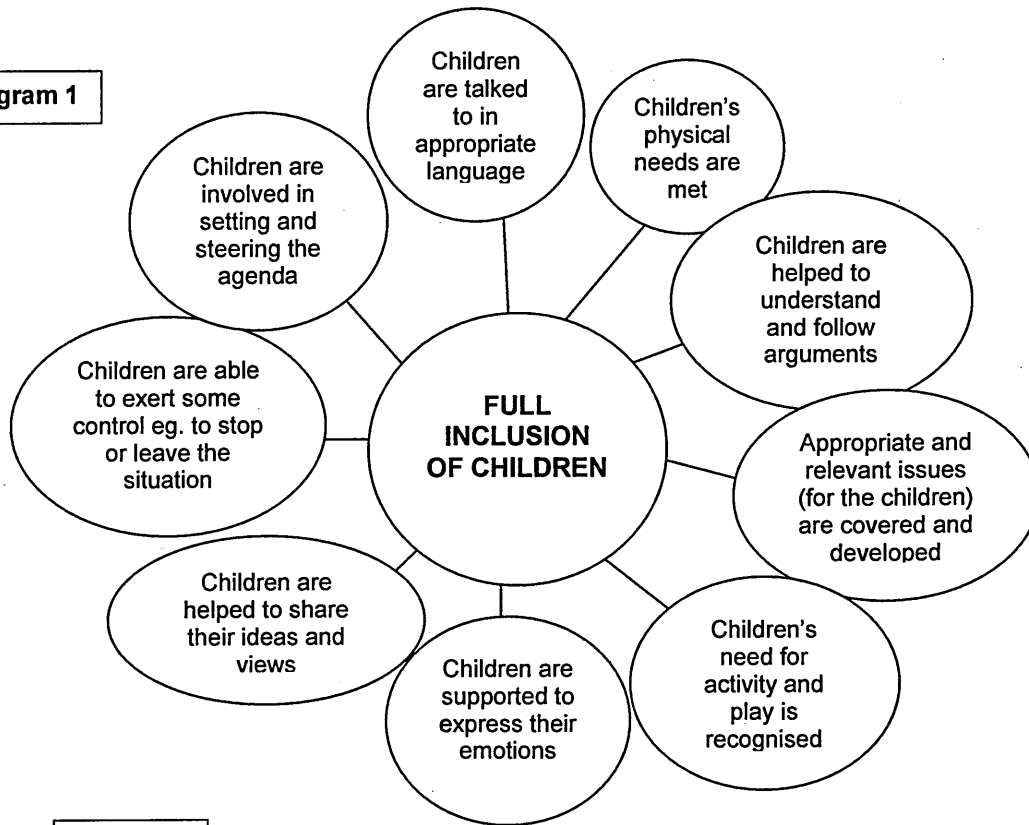
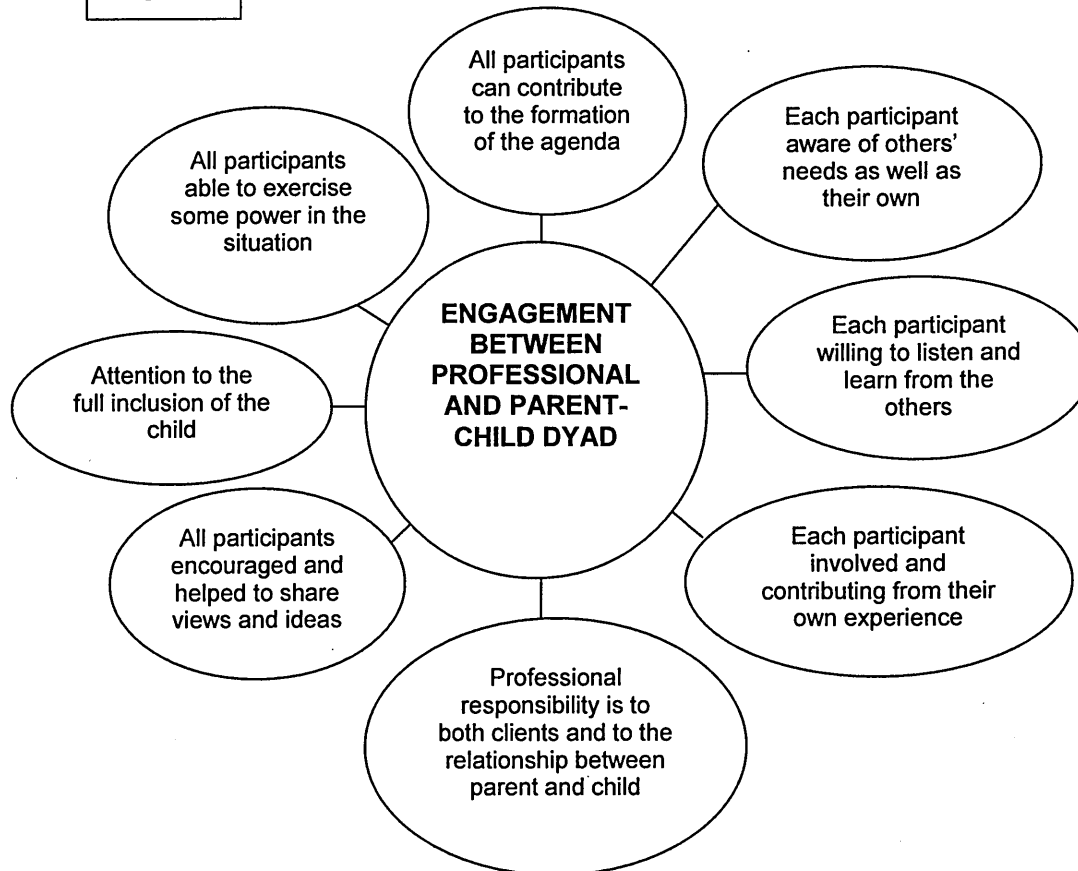


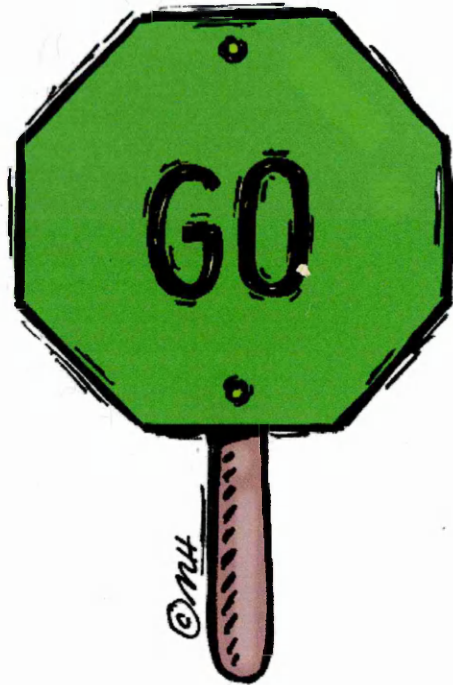
Diagram 2



Appendix: 2

<h1 style="margin: 0;">safety planning sheet - code.....</h1>			
Date		Location	
Child's Name	G/B	Age yy:mm	
Child's needs, anxieties, concerns, (see demographic information sheet)			
Plans for keeping safe during research and after			
Signed Date.....			
Mother's Name			
Mother's needs, anxieties, concerns			
Plans for keeping safe during research and after			
Signed Date.....			
Researcher's needs, anxieties, concerns			
Plans for keeping safe during research and after			
Signed Date.....			

What are the risks? eg. Who? When? Where? What are the actual dangers? How likely are they to occur?
 What evidence is there that they could occur? Have such things occurred in the past? Have the police been involved? (probation service, social workers, solicitors etc.) Are there any: ...contact issues? ...injunctions in place?
 ...MAPPA arrangements in place? ...legal issues under the courts?



Appendix 4 Step by Step coordinator's notes

'A TALE THAT CAN BE TOLD'

Group coordinator's contact (phone conversation, or meeting) with women who have attended Step by Step Group Work Programme.

1. Introductory remarks re reason for call/meeting. A woman who works in a refuge is doing some research about what happens when a mother and child talk together about their experiences of domestic abuse. Sheffield Hallam University student, CRB checked, 28 yrs experience of working with children, OFSTED 'suitable person' to run childcare group.
2. Jean is looking for mothers who have experienced domestic abuse, and have a child aged 7 to 11. Her research is about children telling their story of what happened to them – but not on their own – with you, the mum, there with them. It's about **(the child)** sharing things with you, and about increasing communication between you both about what happened. It's also about making a story that **(the child)** can use to tell other people – with your permission – about what they've been through.
3. The project involves meeting with Jean over a couple of months. Firstly she would like to come to **(child's)** school, if possible *(or could be at Step by Step office)*. She will explain how it all works to you, and then to **(child)** to make sure that it is really the right project for you both. If you are both (mother and **child**) happy with the idea then she will set up three meetings – with you both – to let **(child)** tell **her/his** story.
4. Jean will need to tape or video the meetings for her research. But you will be able to change anything on the tape that you are not comfortable with. Confidentiality and safety are the top priorities of the research.
5. Because it can be quite an emotional journey Jean will make sure there is time to talk about anything that comes up, as well as talk about who **(child)** should and shouldn't talk to about bits of **her/his** experiences – for example friends, family, teachers. Hopefully you will both be learning a lot about each other, and supporting each other through the retelling.
6. After the first sessions with you, **(child)** and Jean there may be a couple of group sessions with other women and children who have done the same storytelling.
7. Does that sound like something you are ready for? / would like to be involved in? What about **(child)**? Do you think **she/he** would enjoy that sort of project?
8. At any time you can change your mind about doing the project and drop out. (No need to give any reason). When Jean meets you she will give you a letter that explains everything and make sure you are happy to go through with it.
9. So can I give Jean your details and get her to contact you? It will be in the next 2 weeks.

Appendix 5 Sample characteristics

	Family A	Family B	Family C	Family D	Family E	Family F
Years in current home	11	2	9+	2	12+	2
Mother's age ¹	not given	34	not given	30	34	35
Mother's Ethnicity	Dual Heritage BI & WB	WB	WB	Dual Heritage BI & WB	WB	WB
Father's Ethnicity ²	White British	White British	White British	Black British	White British	Asian British
Child's age ¹	8	10	9	11	11	12
Child's sex	F	F	M	F	M	M
Child's place in family in relation to siblings	M F	F F M	3 lost babies M	F M M M	M F M	M F
Age during period of abuse ²	4	0-8	0-3	0-5	0-9	0-9
Father imprisoned ²	not given	not given	Yes	Yes	Yes	Yes
Child's Relationship with perpetrator	Mother's boyfriend	Daughter	Son	Daughter	Son	Son
Child's situation vis a vis perpetrator at end of intervention as reported by child/mother.	Had no knowledge of him.	Overnight contact weekly.	Had some contact by phone and visits. Mother is in favour of contact but takes child's needs into account.	Had some knowledge of his whereabouts and activity through family and friends.	Father had just dropped requests for contact as he refused to co-operate with the required process.	Not in touch, but has some knowledge of his whereabouts

All families are living in social housing.

10 women gave consent to initial phone contact. Three women declined to participate after initial phone contact. One family dropped out after Social Work intervention and declined to rejoin study subsequently.

¹ Age at start of intervention,

² Information provided by mother,

Appendix 6: Letter for child and mother

Please feel free to contact me with any questions you may have.

Jean Kidner

Telephone

Email

c/o Contact address

Dear Child's name

A TALE THAT CAN BE TOLD

Developing Domestic Abuse Narratives with Women And Children Together
--

Thank-you for agreeing to meet with me. If you are happy with what we talk about today, I want to work with you and your mum, over three sessions - and then there are other things we might do next.

I am studying for a higher degree (a doctorate) in Education. This is research into how women and children can communicate together about abuse they have lived through, and learn ways to support each other. I will be working with mums who want to help their children to understand their situation better.

One way that people help themselves is by going through the story of their lives and seeing how things fit together. For children this can help them to make sense of what has happened in their families. The work we do together will give you some time with your mum

- Listening to each other
- Understanding each other better
- Telling a story about what has happened in the past
- Deciding what to say - and what not to say - to people who might ask about what has happened (like family members, teachers, friends).

It will also help me and other workers if you are able to

- Give advice to me, and others about how we can be more supportive to women and children who are going through the same experience
- Discuss the ways in which our sessions together do or don't help.

I've been through this letter with your mum and if you feel OK about taking part then we will set three project session dates.

STORY-TELLING PROJECT SESSIONS:

Project Session 1 - we will be talking about how things are now - how you both feel about the past - and begin to tell the story of what has happened to you both

Project Session 2 - we will look at the story so far and decide how to take it further - thinking about who it might be for, whether it should be on video, written down, or taped.

Project Session 3 - we will finish off the story and talk about how it might be used.

FOLLOW UP MEETINGS

After the project sessions are finished there is the possibility of setting up some meetings between your mum and other women who have been involved, and possibly separate meetings for you and the other children. These meetings - if they happen - would help me to understand more about the ways in which women and children have benefited from the story-telling sessions.

1) TAPING

- a) I would like to video-tape all these sessions if that's alright with you. That way we can easily look back at what we have done and said and think about which bits are most useful (I need a sound recording at least to enable me to study what has happened properly)
- b) During the sessions you or your mum can ask me to stop at any time, and we will stop the taping straight away. This is so that you both feel in control.
- c) If I think either of you are upset or anxious I will stop anyway until I am sure you want to go on.

2) NOTES FROM THE TAPE

After the sessions I'll take the tape or video away and write up notes about what you both say as well as I can. This will take a few days.

- a) I then would like to give you a copy of the tape (on DVD) and the writing so you can make sure I've got it right.
- b) If you are not happy with it then we can change it together, until you are sure it is OK with you.

3) REPORTS ABOUT MY RESEARCH

I will be using the information from the interviews to write up my thoughts and ideas about how the project is going.

- a) When I'm writing up I will make everything anonymous by using a code (for example your initials and a number: 9JJ or names you choose). I will

make clear in my reports the main strands of my thinking and research, while respecting the confidentiality of the participants.

- b) I will give you a report of my research every 6 months so you can see how I am using the information we are working on together.
- c) In 2008-9 I will write a final paper - and give you a summary of that too. If you want more information from me at any time I will provide it, bearing in mind the confidentiality of other women and children who are taking part.

4) STORING INFORMATION

- a) All the information I have from our work together will be kept confidential, locked in a file in my archives.

5) SAFETY

- a) Everybody's safety is a very important part of this research. If there is anyone who would be against you taking part, or who might cause problems we need to make sure that we can deal with that.
- b) We will deal with any safety issues at the beginning of each session.

So we need to talk about safety now and start to plan how we might deal with any problems. (*Safety Planning Sheet*)

If you are happy with this I would like you to sign on the back to say that I have explained it all to you. Then before you go I will take down a few more details about how to contact you, and about your family. I promise that I will keep the information you give me private, and confidential. I won't let anyone know who you are except [Step by Step coordinator]. No-one will have access to your address, or phone numbers. (*Family Information Sheet*).

Last - and most important - I want you to be quite sure that you want to go ahead with this. If you have any doubts I'd like you to discuss it with someone else before signing. Is there someone you trust and who will give you good advice? Can you show her this letter and discuss the project with her over the weekend? I will phone you on Monday to check how you are feeling then.

Yours sincerely

Jean Kidner
Researcher

WOMAN'S INFORMATION AND CONSENT SHEET

This is the sheet your mum filled in.

You have the right to withdraw your contribution at any time prior to the completion of the report. If you have any concerns about any aspect of the study please phone or text me or email me ... or write to me at the contact address above. Because I work full time in a refuge I may not be able to speak to you immediately. But I will return your call as soon as possible. In case of serious problems my tutors at Sheffield Hallam University can be contacted via [administrator for EdD].

Giving consent

- This letter has been explained to me, and I understand the information in it ☐
- I have been able to discuss the study with the researcher and any questions have been answered to my satisfaction ☐
- I agree that my son Child's name may be interviewed alone by the researcher, as well as with me present, and that the arrangements for each occasion that this is to happen will be discussed and agreed with me in advance. ☐
- I understand that some of the interviews will be video-taped and that I will be offered copies of all taped materials ☐
- I have been able to discuss anonymity for myself and my child and I am satisfied with the arrangements for confidentiality ☐
- I understand that in case of serious child protection returns confidentiality agreements will not apply and that I will be informed immediately if this is the case ☐
- I understand that I am free to withdraw my contribution at any time up to the end of the final report without giving a reason for my withdrawal ☐

Your signature will certify that you have voluntarily decided to take part in this research study having read and understood the information in this letter.

Signature of participant:..... Date:.....

Name (block letters):.....

Signature of researcher:..... Date:.....

Please keep your copy of this form.

Jean Kidner [contact address]

CHILD'S INFORMATION AND CONSENT SHEET

If you want to stop seeing me please tell your mum or your teacher to contact me by email phone or text me on

I will talk to your mum about what you want and why.

You have the right to say whether you want to work with me or not

- Jean has explained the project to me, and I understand what it's about ☐
- I have been able to talk to Jean about the project and ask questions ☐
- I understand that Jean may talk to me without my mum, or with my mum ☐
- I understand that some of the interviews will be video-taped and that me and my mum will be offered copies of the tapes ☐
- I understand that Jean wants to keep me safe and keep everything that I tell her private, but that if she thinks I am in danger she will have to talk to my mum, and maybe to staff at my school ☐
- I understand that I can stop the sessions at anytime. I can tell Jean to delete all my information at any time without saying why I want her to do this ☐
- I understand that I can ask to restart the sessions after I have stopped without saying why I want to do this. Jean will arrange this if she can ☐

I want to take part in this research study with Jean and my mum.

Child's Signature:..... Date:.....

Name (block letters):.....

Jean's Signature:..... Date:.....

Please keep your copy of this form.

Jean Kidner [contact details]

Appendix 7

Questionnaire page 1

Please write anything you want

wherever you want

it doesn't matter if it fits in the boxes or not.

You both lived through domestic abuse

SECTION A: TALKING ABOUT THE ABUSE TOGETHER

1. Did you talk about the abuse together **before** you went on the *Step by Step Programme*?

✓ Tick 1 box

Not at all ☐Sometimes ☐A lot ☐

2. Did you talk about the abuse together **during** the *Step by Step Programme*?

✓ Tick 1 box

Not at all ☐Sometimes ☐A lot ☐

3. Did you talk about the abuse together **after** you went on the *Step by Step Programme* but before you met me and started *The Tale That Can Be Told Project*?

✓ Tick 1 box

Not at all ☐Sometimes ☐A lot ☐

4. Did you talk about the abuse together **between** the *The Tale That Can Be Told* sessions you had with me?

✓ Tick 1 box

Not at all ☐Sometimes ☐A lot ☐

Questionnaire page 2

SECTION B: TALKING ABOUT *The Tale That Can Be Told* PROJECT

5. Have you **M's name** talked to other people about *The Tale That Can Be Told* project?

✓ Tick 1 box

Not at all ☐

Sometimes ☐

A lot ☐

6. **Who** have you talked to about *The Tale That Can Be Told* project?

✓ Tick as many boxes as you like

Friend ☐ Partner ☐ Other family adult ☐ Worker or professional person ☐

6. Have you **Child's Name** talked to other people about *The Tale That Can Be Told* project?

✓ Tick 1 box

Not at all ☐

Sometimes ☐

A lot ☐

7. **Who** have you talked to about *The Tale That Can Be Told* project?

✓ Tick as many boxes as you like

Friend ☐ Partner ☐ Other family adult ☐ Worker or professional person ☐

Questionnaire page 3

**SECTION C: ABOUT HOW IT FELT TO BE DOING
THE *Tale That Can Be Told* PROJECT WITH ME**

8. Did you **M's name** enjoy the sessions?

✓ Tick 1 box

Not at all ☐

Sometimes ☐

A lot ☐

9. Did you **Child's name** enjoy the sessions?

✓ Tick 1 box

Not at all ☐

Sometimes ☐

A lot ☐

Don't know ☐

10. Did you enjoy spending the time together?

✓ Tick 1 box

Not at all ☐

Sometimes ☐

A lot ☐

11. How did you each feel about reading your own words after the sessions?

e.g. upset, interested, angry, scared, worried, or anything else you want to say....

12. How did you each feel about watching the DVD after the sessions?

e.g. embarrassed, annoyed, bored, sick, or anything else you want to say....

Questionnaire page 4

13. How did you each feel about Story Book [or other material] ?

14. How did you each feel about the end of the sessions?

e.g. relieved, glad, wanting to meet the other families, or anything else you want to say...

SECTION D:

WHAT YOU GOT OUT OF THE *Tale That Can Be Told* PROJECT

15. Did you **M's name** feel that you learnt anything while doing the project?

✓ Tick 1 box

Not at all ☐

A bit ☐

A lot ☐

Don't know ☐

If you did learn, what was it that you learnt?

16. Did you **Child's name** feel that you learnt anything while doing the project?

✓ Tick 1 box

Not at all ☐

A bit ☐

A lot ☐

Don't know ☐

If you did learn, what was it that you learnt?

Questionnaire page 5

16. Is there anything you **M's name** would like to do more of as a result of doing the *Tale That Can Be Told Project*?

Yes ☐ No ☐ Don't know ☐

If yes, what would you like to do more of?

17. Is there anything you **Child's name** would like to do more of as a result of doing the *Tale That Can Be Told Project*?

Yes ☐ No ☐ Don't know ☐

If yes, what would you like to do more of?

SECTION E: HOW CAN I IMPROVE THE *Tale That Can Be Told* PROJECT FOR OTHER WOMEN AND CHILDREN?

18. Do you know other women and children who could benefit from doing the project?

Yes ☐ No ☐ Don't know ☐

If Yes, what would you tell them about it?

19. What would make the project better for other women and children?

Questionnaire page 6

20. Where should project sessions be held?

21. What sort of people should or shouldn't run the project?

e.g. school staff, domestic abuse professionals, social workers or anything else you want to say.....

22. What qualities should these people have?

e.g. patience, good at listening, understanding or anything else you want to say.....

Appendix 8 Time actually spent with dyads

Family	Session	Actual time in minutes during the intervention sessions				Number of Sessions	Intervention spread over
		No video or tape	Video	Tape	Totals		
A	Intro ¹	20	26		46		
	1		47		47		
	2	30 ²	14		44		
	3		44		44	4	4 weeks
B	Intro	40 ³			40		
	1	35 ³			35		
	2			56 ⁴	56		
	3			55 ⁴	55		
	4			50 ⁴	50	5	4 months
C	Intro	30	20		50		
	1		69		69		
	2		65		65	3	3 weeks
D	Intro	25	10		35		
	1		43		43		
	2		59		59		
	3		60		60	4	10 months⁵
E	Intro	30	13		43		
	1		57		57	2	4 weeks
F	Intro	25	19		44		
	1		34		34		
	2		30		30		
	3		68		68	4	8 weeks
Average session length (mins)					49		
Average time spent with each family (mins)					164		

Notes

¹ During the introductory session the video/tape was only started after consent had been given.

² In this session the video was not functioning for approximately the first 30 minutes.

³ Family B Introductory sessions were on separate dates for mother (first) and child.

⁴ Consent for video recording withheld.

⁵ Interrupted by a premature birth.

Appendix 9 Reflective Proforma: Final version. Used to collate my reflections on each session

Family and Session Details	
Section 1 Proactive Role of Facilitator	
1 Focus on negotiation between Ch/W/R Supportive elicitation of memories – place, people, pictures, timelines; Use of ice breaker activities A / B /C	
2.Keeping sensitive response to contributions of W & Ch, using minimal acknowledgements. Keeping own contributions to a minimum, respond to theirs positively to maintain flow	
3. At start of sessions review where we got to last time and check out what has happened since then.	
4. Focus questioning and intervention on explaining why narrative is important and why it could be useful to revisit the story at later stages in the child's life.	
5. Who have you talked to about it? Did it help? Who can you talk to now?	
6. Be alert for metaphors to reflect back to woman and child – 'butterfly catching' Epson	
7.From the start be alert to comments about professional practice – what was/would have been useful in a given situation – make notes to return to these issues. Ask for advice for teachers, social workers etc.	
8. From the start draw parallels with family literacy and other family learning activities.	
9. Talk about social and emotional well-being and the impact of domestic abuse on such things as confidence, guilt, anxiety plus the positives of having left – new start, from others, space to explore relationships, build new patterns of behaviour etc. support	
10. Emphasise mutual learning of all three participants (child woman professional) plus possibilities of listening and learning from each other about what family life might be like in the future. (Featherstone)	
Section 2 Reflective Role of Researcher	
How far did I.. focus on narrative, and on negotiation, focus on sharing/balance/ contributions of Ch and/or W, respond to emerging narrative?	
How did I feel about the negotiation, about the narrative, how did story affect me? How did the others react affectively? What do I want to say communicate to them now? And how? Where might we be going next? What feedback do I want from them (cf Epston)?	
How do I feel about my contribution to communication? How do I feel about M/Ch communication? Does the focus on narrative and/or negotiation seem to help their communication? How is the 3-way communication going?	
Does the 'tale that can be told' seem to be emerging? How useful does it feel? How far do M and child seem to be engaged with/committed to/attached to the tale?	
What implications are there for understanding family learning in the field of ESW?	

Section 3 Supporting interaction – How far did it/I?	
Enable women and children to negotiate a shared narrative	
Contribute to the communication between mothers and their children	
Have immediate practical relevance	
Explore a narrative approach to supporting family learning about social and emotional well-being (ESW)	
Seem relevant to a range of professionals who talk to women and children together	
Explore an uncharted area of family learning	
Build on a model of parent-child mutual socialisation	
Section 4 Observations of attachment	Added after 12 th interview
Proximity seeking, clinging, fear of separation, asking for attachment figure etc.	Added after 12 th interview
Collaborative non-verbal communication	Added after 12 th interview
Reflective dialogue about the nature of inner life of participants	Added after 12 th interview
Repair of ruptures in communication (eg self-correction after mis-judging or failing to notice child's cues)	Added after 12 th interview
Emotional communication, using empathic imagination	Added after 12 th interview
Coherent narratives: Development of a coherent story that makes sense to both participants.	Added after 12 th interview
Section 5 Observations of Interaction	
Who leads in (which bits of) the conversation	Added after first 2 interviews
Who sets content?	Added after first 2 interviews
Any negotiations/ accommodations/conflicts/ possible suppressed conflicts	Added after first 2 interviews
Lengths of contributions	Added after first 2 interviews
Deviations from tone/ direction/ content of sessions	
Metaphors – (Epston's butterfly catching)	
Creation of self/identity in communication in dyad (or with researcher) (<i>I'm... aren't I? You are ... etc.</i>)	Added after first 4 interviews
Resolutions or attempted resolutions (eg. Moving on, forgetting, new approach to the past, revisiting something)	Added after first 4 interviews
Justifications:- self, other, each other, perpetrator	Added after first 4 interviews

Appendix 10: Observations of Attachment and Interactions between children and mothers

Observations of attachment	8 G9 Y4	G10 Y5-Y6	9 B9 Y5	5 G11 Y6-Y7	7 B11 Y6	B12 Y7-Y8
Names	Mother M Child A	Mother M Child B	Mother M Child C	Mother M Child D	Mother M Child E	Mother M Child F
Proximity seeking, clinging fear of separation, asking for attachment figure etc.	Frequent physical contact during sessions.	<i>NB NO VIDEO OF FAMILY 3</i> None: B. seeking separate meetings with JK, asking what M told JK in first M-only interview. B. (in weekly over night contact with her dad and paternal grandmother) seeking to find the truth betw. dad's and M's statements	Frequent physical contact with mother	None – D very self-contained but warm to M	E: Attachments to granddad and dad at risk – missing them, rejected by dad. History of significant disruption to sleep patterns through staying awake at nights to warn M. when dad was coming. And of helping police to 'get' his dad.	None
Collaborative non-verbal communication	Sitting on knee, between legs, face-to-face cuddles, M doing hair, attention to A's needs food, etc.	Sitting side-by-side, M helping B with cross stitch – warm physical contact.	Side by side, very active warm physical contact, laughing/ joking, and smiles.	Side-by-side, smiles and glances exchanged. Awareness and 'mirroring' of other's movements.	'Mirroring' anxiety and unease	Yes: sitting close together, sharing smiles, glances, checking that other has what they need, pen, drink, snack.
Reflective dialogue about the nature of inner life of participants	Yes: about lots of different subjects	Yes:	Yes M very aware of C's needs and explicitly describing how she gives him just the information that he needs to answer his current questions.		Yes: re effect of dad refusing to be assessed for contact and re bullying in the street	Yes: M to F: 'make sure you tell someone you really trust.' 'You miss him don't you.' and other egs.

Observations of attachment Names	8 G9 Y4	G10 Y5-Y6	9 B9 Y5	5 G11 Y6-Y7	7 B11 Y6	B12 Y7-Y8
	Mother M Child A	Mother M Child B	Mother M Child C	Mother M Child D	Mother M Child E	Mother M Child F
Repair of ruptures in communication (eg self-correction after mis-judging or not noticing child's cues)	Yes – M. very proactive in repairing misunderstandings. A apologising, being politely compliant after earlier refusals.	Yes:	Yes; M very aware and very open with hugs, supportive phrases etc.	Yes:	re fishing tournament	F laughing re M being awkward M. 'I get it from you love' F 'that's where I inherit it from.'
Emotional communication, using empathic imagination	M protective about not wanting A to know things eg about M's childhood. A insisting she didn't remember (a form of collusion between them?)	M: 'My dad was furious about my mum's new car because he's had to pay her more and he says that mum just wants to rub his nose in it.' M likes the new car and is a bit cross because '...he ought to have just been happy because it's good for all of us to have it.'	Frequent – eg. re events at the time, and more recent events to do with contact.	Yes about D's fears as a young child	about his night fears, and agoraphobia	Yes: eg Gentle jokes about each other's characteristics F: No wonder you're fat then -. Can't do anything you're just awkward. - I'm probably worse.. mum's terrible. you still love me don't you – not perfect. JK: Just some of the time <i>M winks at JK.</i>
Coherent narratives Development of a coherent story that makes sense to both participants.	Reluctance re creating a narrative. M: the only DA was an episode of 4 months – no pre & v. little post in terms of context/ explanations.	Yes – but dominated by M's justificatory tone and repetitive accounts. B tries to make sense of it through asking questions about what's true, who knows what, and who told what to whom.	Yes: negotiated and understood jointly good understanding of impact by M&C And of future implications. Clear beliefs and values expressed with their implications understood.	Yes but a succession of events with gaps in significant detail (which M&D may know) rather than an explicit linear story for JK. to understand.	Yes: negotiated, understood narrative. Each increasing their understanding of other's position.	Yes: description of the crisis and its resolution, plus a poem by F. Not much explanatory detail offered.

Observations of interactions	G9 Y4	G10 Y5-Y6	B9 Y5	G11 Y6-Y7	B11 Y6	B12 Y7-Y8
Names	Mother M Child A	Mother M Child B	Mother M Child C	Mother M Child D	Mother M Child E	Mother M Child F
1. Body language (impression if no video)	Frequent physical contact during sessions. S Sitting on knee, between M's legs, face-to-face cuddles, M doing hair, attention to S's needs food, etc. A. very active moving around the room, fiddling with video camera, climbing shelves, getting out books, sweets etc.	Relaxed and comfortable together.	C very active showing JK things and jumping up to act out bits of the story and other incidents. M very comfortable, relaxed and friendly	Side-by-side, smiles and glances exchanged. Awareness and 'mirroring' of other's movements. D using balletic movements. When baby there, looking round at him playing on floor or rocking him in buggy.	Side by side, not much exchange of glances and smiles, but attending to each other and mirroring body language at times. E using expansive arm movements and gestures when describing situations eg. size of fish caught – size of trophy won, positions of police around the house.	Sat close together, warm smiles, exchanged glances, looking at each other, occasional touching, F eating. Long periods of silence when M reading transcripts F writing out poems,
2. Emotional tone of each (possible reasons?) eg humour, sadness, bitterness, anger boredom etc	M suspicious, anxious although very welcoming and very keen to participate. A excited, testing JK initiating many deviations from the narrative.	B: serious, questioning M and sometimes dissatisfied with answers. Later unsure about contradictions between M's and dad's accounts. M: voluble, keen to have her say.	Jokey, intense both very much involved and enthusiastic about telling the narrative together.	JK. felt layers – D&M seemed superficially anxious while relaxed, almost blasé about the abuse, tension beneath the surface.	E& M: Both Timid at first worried, apprehensive, anxious–gradually warming up and gaining confidence – during process. E: sad and thoughtful M: sad and wanting to forget	F. Glum, serious with occasional jokey comments. overall depressed, resigned. M – similar almost blasé at times, gentle bitterness.

Observations of interactions	G9 Y4	G10 Y5-Y6	B9 Y5	G11 Y6-Y7	B11 Y6	B12 Y7-Y8
Names	Mother M Child A	Mother M Child B	Mother M Child C	Mother M Child D	Mother M Child E	Mother M Child F
3. Emotions described or expressed eg interest, joy (happiness, contentment, comfort) guilt, shame, taboo, stigma, revulsion, disgust, fear etc.	A: interest in video, excitement with Stop/Go signs, card games A & B. Rejection of Game C ie cards showing scenes of distress/anger etc. Revulsion at perpetrator – 'He was horrible' while remembering his 1 st and surname denying that she remembered anything about the abuse. I love Mum on board, indignant about Anton hurting her, excited about naming family for High School Musical characters.	M: Anger at him. Self-justifying. Disgust at his jealousy and accusations. Disgust at Bookies. Anger at his time spent out at Xmas, at his mum's, drinking with friends. M: Feeling misunderstood 'Why can't he understand, and respect my needs?' 'Hate his hair always being perfect.' 'Months of pure hell.' B: Wanting to know the truth.	Both: Happy now, settled, bedtimes were a problem due to C's fears of dad coming to door, setting house on fire through letter box, putting bombs through etc. Sanctuary scheme has settled all of these fears. C doesn't wat to see dad but M supporting him to do so on her terms as she strongly believes in his right to maintain contact with his dad. She is close to C's paternal grandmother.	M: Interested in how DA services are run. Joy in her children being kids (cf 9 above) M: Pride in self and children 'I think I'm a strong person – cos you know now, I can see him now and I can talk to him.'	E&M: Dad's suicide attempts, trying to help police to get him to hospital. M: You can't be spotless with two young children in the house. M: He accused me of going with the DJ on my wedding day – which I wasn't E&M: Party when dad came home drunk, Ennis too scared to go home with mum, E often sitting up late at night protecting M. both scared. E has recently had panic attacks when in a crowd.	F: Upset, sitting in a corner crying and crying. Proud (of his actions) Sadness (about not seeing his dad now) M Happy 'I've moved on' 'Guilt – it's not good' (that the children lived with DA.) M. Anger re stigma shown to her when her face was 'smashed up'. M. Anger when school labelled F F. Sad when friend betrayed F's confidences to other people and angry when 'people kept throwing it in his face'..

Observations of interactions	G9 Y4	G10 Y5-Y6	B9 Y5	G11 Y6-Y7	B11 Y6	B12 Y7-Y8
Names	Mother M Child A	Mother M Child B	Mother M Child C	Mother M Child D	Mother M Child E	Mother M Child F
4. 'Tone' of self-expression eg timid, comic, scared, angry, resistant, bored, dis-affected, sensitive, emotional, sad, serious, cold, affectionate, justificatory	A: Active confident affectionate – comic showing off - resistant to discussing the actual abuse. M: Passive, relaxed, straightforward account of the abusive period but suspicious of questions around context – eg. her own family background and childhood.	M: Justificatory, angry, deadpan humour. Telling the outrageous stories with a readiness to laugh at herself and the situation at any point. B: Assertive and calm.	Both confident, energetic communicators	M: Calm, friendly, positive. D: slightly distant and at times disengaged for a few minutes. Sometimes looking surprised and/or questioning some of M's statements.	E: At times very excited – when describing crisis incidents, also snooker and fishing. Quite open about events. M: Confident about her decision but anxious of the future and difficulties such as father not wanting to see E and the implications of this for him and siblings.	Both: Calm, sensitive confident, jokey at times, outraged at times, accepting of events. Both saying 'I've moved on'
5. Who leads in (which bits of) the conversation	M: in response to questions about the abuse. A: initiating a wide range of conversations to do with her interests – and asking some questions about the story line.	incl. separate interviews 1) M 2) B, 3) both 4) B 5) both In joint interviews M: leading, B: gaining control through questioning, and at times contradicting	M leads most of the time but C very confident to butt in when he wants to	Mother led but D asked for clarification and ensured she understood M's comments M: jealousy to tell you the truth and insecurity D: What does that mean? M: A hold on me he didn't want me to go. So he didn't feel safe without me around him.	E&M switching sometimes one sometimes the other in the lead. M: leading re wedding but then E adding in about what he was like as a baby	Both led on occasion, often checked with each other.

Observations of interactions	G9 Y4	G10 Y5-Y6	B9 Y5	G11 Y6-Y7	B11 Y6	B12 Y7-Y8
Names	Mother M Child A	Mother M Child B	Mother M Child C	Mother M Child D	Mother M Child E	Mother M Child F
6. Who sets content?	As above.	M reporting stories and accounts she has told before. She includes lots of reported speech: 'I said...', he said... etc. B introduces topics and memories e.g. Pretending to be asleep when dad came home	As above.	M mainly but D in places eg. when she suddenly introduced the Haunted House theme; when she described following M out of the house when left alone.	E bringing the story back to be relevant to his needs and interests.	As above.
7. Any negotiations/ accommodations/conflicts/ possible suppressed conflicts	Yes eg re age of brother, all easily resolved. There seems to be a suppressed issue with the older brother who has had a prison sentence. Suppression of info re M's childhood	Insecurities about who is telling the truth. Definitely feels like suppressed conflicts – machinations within the family eg. carer and the money – nanan, her carer, dad & mum.	C acting out a drama about his violent fantasies of hurting his dad M turning it into an explicit discussion of her values re violence and how 'we're not going to go down to his level are we'.	M's narrative pre-birth but D contributing form her early (age 3) memories and more recent examples of others' problems with DA	Much of the narrative negotiated between them	Strong sense of negotiated narrative. Discussion about F seeing his dad – compared to M's new partner.
8. Deviations from tone/ direction/ content of sessions	A's frequent activities (Stop/Go signs and cards up to the video, moving camera, getting snack, climbing up to get photos down to show me). At school writing on the whiteboard, getting books out to show me	No, consistent – B using her own interview time to develop her ideas about who is telling the truth.	Yes as C jumps up to show JK something, act out some incident etc. Showing me gashes in wall, where Dad broke the table etc. Where dog used to sleep, where cat tray went under letterbox.	When baby present occasional breaks to give him cuddle or toy etc.	No: consistent tone throughout	No: very consistent tone throughout

Observations of interactions	8 G9 Y4	3 G10 Y5-Y6	9 B9 Y5	5 G11 Y6-Y7	7 B11 Y6	B12 Y7-Y8
Names	Mother M Child A	Mother M Child B	Mother M Child C	Mother M Child D	Mother M Child E	Mother M Child F
9. Metaphors – (Epston's butterfly catching)		<p>It was never smooth – It isn't now with him.</p> <p>New car is very important</p> <p>Much better than the awful old car they had before. Dad very cross about it vis a vis his increased maintenance payments He can't understand that he should be happy about it because it's better for all of us.</p>	<p>Baby chicks brought home from school kept as pets to grow into hens – Others didn't care for them – Dog had to be given away due to dad's threats to hurt her or sell her for beer.</p> <p>We've moved on, not going down to his level,</p>	D: 'That house was haunted'.	<p>Fishing tournament where children not allowed – discussion re whether this was dad or the rules. E still not allowed to see his dad although he wants to – this is due to his dad's refusal not to cooperate with assessment requirements.</p>	<p>F, M: 'I've moved on' ornaments; 'I didn't know they could be so lethal'</p> <p>F. Hoarding – sentimental – eg teddies - 'I don't even like them any more'. People throwing it in your face.</p>
10. Creation of self/identity in communication in dyad (or with researcher) (<i>'I'm... aren't I? You are ... etc.'</i>)	<p>M: Sleepless nights has had for 16 years.</p> <p>A: 'I'm not a good reader'. although almost word perfect when reading the introductory letter.</p>	<p>M: from the initial referral identified herself as different from other women who have experienced DA she sees herself as 'only emotionally abused'</p> <p>M: seeing herself as victim all her life. Her mum 'loved me with one hand and slapped her with the other'</p> <p>M: 'Dad is a gambler'</p>	<p>Both want to help others who have experienced DA.</p> <p>M keeps an eye out for needy children in the area – four named who need more care. I'd want people to do the same for C if anything happened to me.</p>	<p>Info about D's high attainment. D&M want to help others re DA. M talks a lot about D's friend-ships, about her children Good as 'They're kids kids that argue with me'</p> <p>Both raised eggs of family members and friends who are currently living with DA. Direct Scribing by D of her life & M,s first mtg with D's dad</p>	E's panic attacks	<p>M re F: 'He likes poetry –don't you' 'He hasn't got ADHD school just labelling him.' 'He's a right hoarder, got loads of stuff he's right sentimental about', F: 'I was scared and then I was confident & upset' at time of going for police.</p> <p>'Proud' when getting an award for bravery</p>

Observations of interactions	8 G9 Y4	3 G10 Y5-Y6	9 B9 Y5	5 G11 Y6-Y7	7 B11 Y6	B12 Y7-Y8
Names	Mother M Child A	Mother M Child B	Mother M Child C	Mother M Child D	Mother M Child E	Mother M Child F
11. Resolutions or attempted resolutions (eg. Moving on, forgetting, new approach to the past, revisiting something)	M's courses psychology, criminology, fresh start counselling Local embeddedness of family – lots of friends and family on the same estate including A's dad (not the perpetrator) and 4 brothers.	M: New partner –spoken of with affection. M: Described previous relationship with her own mother and having moved on since then. New relationship with her mother – more independent. New car – see 10 above	Sanctuary scheme has made all the difference. Still problems re contacts with dad but M managing them on her terms.	M: I feel sorry for what I've put them through. But never again is it love (nod and sigh from D) M: I would not go and do that again – the first time he raises his hand to me .. that's it .. I'd leave straight away. Well – not leave – I wouldn't even leave me house- I'd just tell him to go.	Happy in new home near maternal Grandmother.	Moved on, new partner (S) M to F: 'I think you still miss him'(dad) F: 'I'll stick with F' (M's new partner rather than dad)
12. Justifications:- self, other, each other, perpetrator	M: I couldn't retaliate in car or at his mum's I couldn't finish my courses His drink problem and possessiveness. A: I can't remember	All I ever wanted was a family. He always put his family first eg. When baby son was dangerously ill in hospital and he was wittering about Xmas presents for his family. His childcare failures M: 'It wasn't acceptable (him) sending them to school like that.'	His drinking is to blame and staying out nights in a row. C questioning why family member didn't intervene in knife incident	M: I was very young and in a hostel M: D didn't really have a relationship with him.. he used to come at nights. It didn't very often come in the day. M: Men experience DA too, cites eggs known to her.	M attempted to get dad into hospital after his suicide attempts You can't be spotless with two young children. Discussion re genes after dad denied that youngest sibling was his.	From F's poem '..just because someone's angry or has had too much beer.' M of F: '..he was just frustrated because they (school) weren't listening to (him) and sorting it out'.

Appendix 11: Questionnaire results

SECTION A: TALKING ABOUT THE ABUSE TOGETHER

Did you talk about the abuse together before you went on the <i>Step by Step Programme</i> ?		
Not at all	Sometimes	A lot
A	F	C
2. Did you talk about the abuse together during the <i>Step by Step Programme</i> ?		
Not at all	Sometimes	A lot
	A F	C
Did you talk about the abuse together after you went on the <i>Step by Step Programme</i> but before you met me and started <i>The Tale That Can Be Told Project</i> ?		
Not at all	Sometimes	A lot
	A F	C
4. Did you talk about the abuse together between the <i>The Tale That Can Be Told</i> sessions you had with me?		
Not at all	Sometimes	A lot
	A	C F

SECTION B: TALKING ABOUT *The Tale That Can Be Told* PROJECT

5. Have you M's name talked to other people about <i>The Tale That Can Be Told</i> project?					
Not at all		Sometimes		A lot	
A				C F	
6. Who have you talked to about <i>The Tale That Can Be Told</i> project?					
Friend	Your Mother	Partner	Other family adult	Your other child/ren	Worker or professional person
F				F	
C People going through/have been through domestic violence					
7. Have you Child's Name talked to other people about <i>The Tale That Can Be Told</i> project?					
Not at all		Sometimes		A lot	
F		A			
8. Who have you talked to about <i>The Tale That Can Be Told</i> project?					
Friend	Girl friend/ Boyfriend	Other family adult	Other family child e.g. sister, cousin	Worker or professional person	
A					
Anna: I heard Angel talking about it to her friend the other day'					

SECTION C: ABOUT HOW IT FELT TO BE DOING**THE *Tale That Can Be Told* PROJECT**

9. Did you M's name enjoy the sessions?		
Not at all	Sometimes	A lot
		A C F

10. Did you child's name enjoy the sessions?		
Not at all	Sometimes	A lot
		A C F

11. Did you enjoy spending the time together?		
Not at all	Sometimes	A lot
		AA CC FF

12. How did you each feel about reading your own words after the sessions?
e.g. upset, interested, angry, scared, worried, or anything else you want to say....

Anna: It was a bit horrible
Cath: Confused sometimes that **Chris** felt how he did
Chris didn't realise what I had gone through before
F/F Nothing really as we have already dealt with it through Step by Step and moved on!

13. How did you each feel about watching the DVD after the sessions?
e.g. embarrassed, annoyed, bored, sick, or anything else you want to say....

A/A Didn't watch them, didn't have private time to watch.
C/C As above [ie Cath: Confused sometimes that **Chris** felt how he did, **Chris** didn't realise what I had gone through before]
F/F Embarrassed

14. How did you each feel about Story Book [or other material]?

A/A Brilliant!
C/C Loved it – hope it helps others
Faith: I thought the poem was good and summed it up!

15. How did you each feel about the end of the sessions?
e.g. relieved, glad, wanting to meet the other families, or anything else you want to say...

Angel/Anna: It were fine – perfectly alright.
Chris/Cath: Realised how much we had been through – but survived.
Faith: Glad to help, as other women and children will gain as Frank and I did.

SECTION D:**WHAT YOU GOT OUT OF THE *Tale That Can Be Told* PROJECT**

16. Did you M's name feel that you learnt anything while doing the project?			
Not at all	A bit	A lot	Don't know
		A C	
If you did learn, what was it that you learnt?			
Anna: taught me that I didn't have to put up with that.			
Cath: I learnt to listen more.			
17. Did you child's name feel that you learnt anything while doing the project?			
Not at all	A bit	A lot	Don't know
		A C	
If you did learn, what was it that you learnt?			
Anna: Taught Angel that she didn't have to put up with that.			
Chris: learnt to understand and respect people more.			
18. Is there anything you M's name would like to do more of as a result of doing the <i>Tale That Can Be Told Project</i> ?			
Yes	No	Don't Know	
C F	A		
Cath: To work with adults who are going through what we've/I've been through.			
Faith: I would like to help women and children, who have been through the same.			
19. Is there anything you child's name would like to do more of as a result of doing the <i>Tale That Can Be Told Project</i> ?			
Yes	No	Don't Know	
F	C		
Frank: I would like to help kids who have been through the same.			

SECTION E: HOW CAN I IMPROVE THE *Tale That Can Be Told* PROJECT FOR OTHER WOMEN AND CHILDREN?

20. Do you know other women and children who could benefit from doing the project?

Yes	No	Don't know
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A C		
-----	--	--

What would you tell them about it?
A That they'll benefit from it, don't bottle it up, you're not on your own, it helps you to resolve it and things do get better.
C But not willing to do anything about it.

21. What would make the project better for other women and children?

A Now't it were alright. Weren't now't wrong with it.
F The project as it is, is great, but things can always be improved. No ideas at the moment.

22. Where should project sessions be held?

A I enjoyed doing it at home.
C Anywhere neutral, with ideally somewhere for the kids to let off steam.
F Somewhere easily accessible and maybe with outside space for nice weather.

23. What sort of people should or shouldn't run the project?
e.g. school staff, domestic abuse professionals, social workers or anything else you want to say...

A Somebody who've actually been through it themselves..
C People who have gone through this sort of thing should be involved. Anyone who is sympathetic to this cause, but who can guide.
F Domestic abuse professionals, and also women who have come out the other side of domestic abuse.

24. What qualities should these people have?
e.g. patience, good at listening, understanding or anything else you want to say.....

A Understanding and caring and not judging.
C Understanding is the main issue, Not rushing and pressing people until they're ready.
F All, the above [ie patience, good at listening, understanding] and I think experience helps too.

Appendix A Angel's Story Book

Anna has lived in the same house for 11 years, and Angel has lived there for 8 years.

Anna chose Angel's name carefully. As Anna said "My head must have been in the clouds having another kid after all these years, and there's nowt as precious as an angel and there's nowt as precious as your kids, cos you're precious to me aren't you. "

Picture of an Angel

Anton as
Bart
Simpson

Anton was 9 when Angel was born and they never got on very well together though Anton does some things for her – like give her food, take her out.

p.1

Anna has had two German Shepherd dogs, first there

Billie

Plonker

was Billie, and then Plonker.

Anna and Angel always shared lots of cuddles together. When Angel was 3 she started nursery while Anna went to college to do Social Care and Health studies.

Soon after, Anna met a bloke called Andy Armstrong and soon found out how horrible he could be. He used to shout at her and hit her.

Andy as
Homer
Simpson
in a temper

Anna said: "if I like was late coming out of class I'd get told I were taking the piss and then probably get thumped in the head or something. I really began to feel that our lives were in danger if I resisted so I just had to take it."

Sometimes Angel was there and she would just remain quiet. At other times Angel was at her aunty's and Anna would pick her up later.

It even happened at his mum's house. "He really showed me up."

Angel didn't show that she was upset at that time – she was easy to settle into nursery and had friends there. Angel didn't see one of them, called Maria for 2 years, but she sees her again now. Angel doesn't remember much about what happened at that time, but she does remember a lot of shouting all the time.

Anna said "There were times when there were a lot of shouting in the daytime as well, when she was at nursery or school. And one time, when Kate from down the road came for her tea I had to say sorry to Angel and Kate for all the shouting so they weren't scared."

Angel was about 4 and Kate was about 8. But the worst times were when he would wait till there was no-one about.

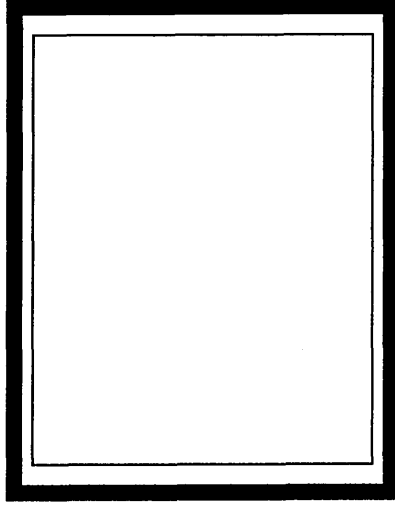
Anton as a
Skeleton

He never did anything when Anton was around. Perhaps Anton knew what was happening – he was 12 or 13 at the time, but he didn't really see much of it. He obviously knew about it after.

Things went on like this for several months. Andy always wanted to know where Anna was and wanted to pick her up when he felt like it.

He used the old "I'll give you a lift, I'll give you a lift" stunt. Anna thought it was about his own insecurity rather than anything else. He just were a control freak – wanted to be in control of everything. Anna ended up going to her mum's in Nottingham for a few weeks, with Anton and Angel, to get out of his way.

Andy still kept trying to harass her but she changed her phone number and he didn't know where her mum lived so he couldn't find her. They didn't go to school over there because it was nearly the summer holidays, but they stayed for a few weeks.



p.3

When they came back home there was another problem. Andy used to keep driving up and down the road outside their house.

Anna's college course was messed up, she had missed her exams and couldn't get started again with all that going on. Luckily later on she went back on a Fresh Start course, so she could still carry on with her plans.

HIGH SCHOOL MUSICAL POSTER WITH
THE CHARACTERS NAMED AFTER
ANGEL'S FAMILY (mother and brothers)

Anton	Mum	Pete	Charlie	Angel	Robbie
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Appendix B

1. *Brenda: It started off – I mean you try and keep them and - things for the kids don't you we did used to argue an awful lot. All I ever wanted were a family you know All I ever wanted was to be like my nanan – didn't I...So everybody came back to my nanan's – like at Christmas - everyone congregated at my nanan's and that's what I wanted –*
2. *Brenda: I just wanted us to be a family... That's what I wanted. But their dad liked a drink and he was a gambler – It was never about the money that he spent doing these things it was the time he spent away from us that I objected to I don't mind – go and have a drink. And I used to say to him "It's fair enough but I also want to do things as a family" and I were saying "The only thing that you can think of doing as a family is going up your mother's" That's the only thing – the only place we went as a family was his mother's. We didn't go out on family days out. If we went out for a picnic "What is there there for me? I want to go out with me mates." How can a man who's got three kids and his own house be bored but if he didn't go out with for a drink at the weekends it'd be "I'm bored" How, how can you be bored?*
3. *JK: So how much of what your mum's saying are things that you understand about and know about? ...or are there things there that you're not sure what it's about?*
4. *Bella : I know abouter I know abouthim drinking and that the only place we went to were nanan's and...*
5. *JK: Yeah. And then are there times you remember? when you say went on a picnic like your mum's talking about ?*
6. *Bella : We don't go on picnics.*
7. *Brenda: We used to take them down to the park*
8. *JK: Do you remember that?*
9. *Bella : Dad didn't used to take us anywhere – didn't he - he still doesn't now – he always says he hasn't got money*
JK: Yeah I think you told me that last time – I didn't write it on the paper but I think I remember you saying that now. And do you understand about the gambling thing? What does he do? Is it horses?
10. *Brenda: It's in the bookies. You remember when Ben [brother] had an accident and hurt his finger? that's where you had to go and fetch him out. Well that's gambling – you put money on to something - well your dad does so it's lending money putting money onto a horse – it's betting Do you understand that?*
11. *JK: It's a bit like the lottery ...*
12. *Bella : I give him the numbers... My brother once - I think I know – my brother once put his head in the back of my nanan's wheel chair and my nanan put her wheel chair on and it trapped his finger off and me and Becky [sister] had to go to the bookies and he were putting money on a horse and fetch my dad.*
13. *Brenda: Horrible dirty places*
14. *Bella (Brenda): He don't go anymore ... He's not... (OK, OK)*

Session with Bella on her own

15. *Bella : Or... If I told my dad – if I showed my dad this book he'd just say everything were one lie*
16. *JK: OK, Right*
17. *Bella: cos he don't think he did anything*
18. *JK: OK, Do you think your dad would have a different story to tell?*
19. *Bella: Yeah*
20. *JK: Yeah, OK, Because I think about it like this...I think that your mum's got a story to tell, you've got a story to tell, your dad's got a story to tell, your nan-nan's got a story to tell, your*

mama's probably got a story to tell as well – you've all got different stories about the same time about the same things that were going on.

21. **Bella:** *And you know this one? pointing*

22. **JK:** *Yeah the Christmas one – what about it?*

23. **Bella:** *This one - If I told my dad about this one then, what he'd say is that he tried to help my mum and he tried to get her up*

24. **JK:** *Yes*

25. **Bella:** *That's what he thinks he did. And Mum thinks that she got hold of the back of the chair and she fell and hurt herself and that he was asking 'why did you do that?'*

26. **JK:** *Yeah*

27. **Bella:** *That's it*

28. **JK:** *And is that your story? Or is that their story?*

29. **Bella:** *No – I've just made it up*

30. **JK:** *What – that your dad was there - trying to help her up?*

31. **Bella:** *No – I've just made all of that up. What I've just said*

32. **JK:** *OK*

33. **Bella:** *It wasn't a lie –*

34. **JK:** *Was it a lie?*

35. **Bella:** *No, he's told me that before*

36. **Bella:** *I've asked him about it*

37. **JK:** *So your dad's told you that before – you were asking him about it before?*

38. **Bella:** *and he said he tried to help mum trying to get her up*

39. **JK:** *And were you there when it happened? – you were in the next room? Upstairs?*

40. **Bella:** *I came down the stairs*

41. **JK:** *it were high heeled boots?*

42. **Bella(JK):** *she slipped on the kitchen floor with these big high-heeled boots on– that's all I know (that's all you know) because when I came downstairs she were getting, she were getting her coat on and that (was she? yeah) mm, and went out (was she? yeah)*

43. **JK:** *So you've got some different ideas about what might have been going on then haven't you.*

44. **Bella:** *I don't know.*

45. **JK:** *So you don't know what was going on you just know little snippets that you saw?*

46. **Bella (JK):** *All I know is what people tell me (mm) and no-one tells the truth. (Is that how you feel?) ..because dad he w.. he tells me things and he says I'm not telling you until you're older (right), and mum says I'm not telling you until you're older (right) so no-one will tell me anything - So all I know is what I've heard and what I've seen (yeah) which i'nt a lot. (no)*

47. **JK:** *and so you're making your mind up about what happened just from little bits and pieces that people have told you (yeah) and a few things – not a lot – but things that you've seen? OK So that's another reason for having the story written down. Then when you're are older you can say to your dad 'well you said you'd tell me more when I was older' and you can say to your mum 'well you said you'd tell me more when I was older'*

48. **Bella:** *Well she keeps telling you – and you're showing me these papers – I'm asking more ... more anyway.*

49. **JK:** *Well you were there when she was telling me these things weren't you?*

50. **Bella:** *There's that other one*

51. **JK:** *Which other one?*

Bella: *When you saw mum on her own*

52. **JK:** *When I saw her on her own that was really just looking at – d'you remember those forms that you signed?*

Appendix B1

One Story from **Bella's** Story Book

I were going to say that ..

Do you want to tell me about the last Christmas?

Do you remember what happened?

I were going to say about Christmas.

He'd bought the kids a train track and he was really struggling to put the bits together and he went out at dinner time – with his mates – drinking. So I'd got a big dinner ready as you do Christmas don't you.

Well he came back and he didn't want it – he were drunk and he went to bed. And I were working Christmas afternoon and I just sat here crying my eyes out

My husband's gone out drinking and I'm sitting here with three kids just on my own and he's in bed sleeping it off – didn't want his dinner. And I went this isn't what Christmas is all about.

I walked across the kitchen floor in a pair of boots – he'd bought me a pair of high heeled boots for my Christmas present and I fell

Mum mum

She were just...

What's up love?

She grabbed hold of the back of the chair. She were walking across the kitchen floor

I fell on the back of the chair – you know those ladder backed chairs I grabbed on to one of those and I just fell. And I banged it with that there and I broke the chair sent four chairs and a table skidding across the kitchen floor

And he came down and said 'What've you done that for?' and I went 'What d'you think I've done it for I've done it to see whether it bloody hurt or not stupid!' Not to get 'What've you done that for?!' And I got up and went to work.

How could you go to work when you'd just done that?

Cos I'd just done it and it were too late for me to just ring in sick

Yeah so that were my last Christmas and yeah it were that year that he used to wait for me – I used to go out to work and I used to say I'd be back in about 11 or half past and he used to wait for me – wait to go out. And he didn't start work till about one o'clock and he'd go out at 11 o'clock in the morning and not come back again so I'd say 'What's wrong with me? what have I done wrong? Why don't you want to be with me and why do you go out to just hang about before it's time to go to work? And I just used to think 'What's wrong with me and I'd be told oh you're stupid you're an idiot - you're useless'.

Christmas Crashes



Appendix C Christopher's Story Book

Chris's Story

Chris's mum Cath and his dad Charles lived in the same house for a long time –

One day, before Chris was born, his dad held a knife to his mum's throat.

Charles was using a bread knife, he was at the table and Cath was at the sink in his mother's house. Suddenly, he just came over to her and put the knife to her throat under her ear and then he turned the other way and grabbed hold of her chin with the other hand. And she said 'What you doing? why're you doing this? You're in your mum's house, ain't you got no respect for nobody?' Cath explained what happened.

Anyway that night I ended up absolutely petrified – frightened for my life and it went on for about an hour and a half and I ended up climbing out of his mother's bedroom window and onto her bay and that's where I laid until the police came. His niece called the police and the police said 'I'm sorry, we're arresting him. He really needs help one way or another'.

Chris asked Cath

‘Did Curtis see him?’

‘Yeah Curtis were in the kitchen’

‘Why didn’t Curtis stop him?’

‘Well your dad’s bigger than Curtis. These are

silly things though aren’t they’

‘But what did Curtis do?’

‘Just sat down and ate his pizza’

‘Weird’

‘Yeah but these are things that happened a long time ago’

‘I know that’

‘They don’t matter anymore now.’

‘I know that.’

There was another time, before Chris was born, when Cath accidentally stabbed his dad. They were at Charles’s mum’s, and she’d found some BBQ tools, some really long-handled things. Charles got a skewer and he were tapping it on Cath’s arm as if he was playing a drum. Cath said ‘Don’t – Give it a break’. And she grabbed hold of a fork. But as she turned with it he went to grab it and it went in the vein on the inside of his elbow. Well, they say ‘blue blood’ and it was actually blue and Cath pulled it out and the first thing she did was to drop it – just like that – utterly gutted that she’d

done it. It went about half an inch into his arm and she said ‘Charles I’ve stabbed you’. He said ‘It’s alright it’s only a nick’, but Cath was traumatised that she’d done it; she cried and was in a right state.

After Chris was born

Chris’s mum and dad had lost three babies, and when Chris was born he had to be in the Special Care Baby Unit for quite a few weeks.

While he was in there one of the other mothers gave him a very special starfish – made out of towelling – which Chris always loved. As he grew his mum bought him some more starfish – because they were in the wash that often that they were falling to bits. She also made him other cuddly toys out of towelling so he would never be without them.

But things were not easy in the house. Chris’s dad used to go out for two or three days at a time and Chris and Cath would wait for when Dad came back. Sometimes Chris would creep downstairs with his starfish and lie at the bottom of the stairs with his coat over him to keep warm.

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Cath would be in the front room, and would come out to go to bed and find him lying there. She used to cuddle him up in bed and get into her own bed – but sometimes Chris would be a bit sly and sneak out of his bed into hers – he had to step carefully to avoid the creaky floorboards! Feather the dog also used to worry about Charles coming home. She used to sleep at the bottom of the stairs. She used to go up into Chris's room, but they put a gate across to stop her.

Charles was always trying to chip away at Cath, to get her low and keep her there. Even when she lost the three children, and lost her brother and her mum and dad, he revelled in it because he'd got her down there and he knew she couldn't go no further.

When Chris was three, Charles went out from Christmas Eve until Boxing Day night. He didn't even see Chris opening his presents.

When Charles arrived home in the early hours he was swearing and shouting and banging outside the door. He came inside and picked up the safety gate which was at the bottom of the stairs to stop the dog going up to Chris. He chuckled it up at the small window. Cath

came down and opened the door saying 'Don't wake up Chris!'. The police were already outside and one shouted 'Are you OK love'. Cath replied 'What with this arsehole!' The man next door was passing whiskies over the hedge. Cath shouted 'What you doing that for?' 'It won't do him no harm shouted the neighbour'. 'It's alright for you.' replied Cath.

Cath went upstairs to see to Chris.

Charles went into the kitchen. He opened the oven door and turned on the gas taps but didn't light the gas. Cath was listening to all of this from upstairs. Then he started getting out lighter fluid and everything from under the sink and poured them on the floor. He went outside to the car – Cath rushed downstairs and turned off the gas as quick as she could then rushed back up to Chris wishing 'For God's sake Charles, get to bed' because she knew for sure that he'd get into Chris's bed and go straight to sleep.

Charles came back with petrol siphoned out of the car – that went on the floor too. All the time he was muttering and swearing –

and smoking!

Every time he went out of the kitchen Cath ran down again, trying to clean up the floor, turning off the gas, shutting the oven door. 'There's 15 foot of empty space under our kitchen' she said 'think what the vapours would be like under there.'

When Charles came upstairs she was sitting on the bed with Chris on her knee. He accused Cath of going out without him! He punched her on the leg and then on the head. Chris scrambled across the bed and pointed his fingers at his dad saying 'Bang Bang' – wanting to shoot him. He was heartbroken saying 'Why won't my guns hurt him?' There was a wooden coat hanger on the bed and Chris afterwards wished he'd picked it up and chucked it at him, or stabbed him in the eye with it. 'That would've distracted him he'd have grabbed hold of me and given you time to get downstairs and pick up any old phone – like the house phone – to call 999 and you'd have got loads of police surrounding the house instead of just five!' Cath was trying to use an old one that was running out of battery.

Cath told Chris 'Your dad's got a poorly head and the police are going to come and take him away to make him better.' But then when Chris saw Charles he said 'See you Dad and by the way Mum says you've got a

poorly head and she's called the police and they're going to take you away.' So Cath put Chris in the front room with his football table because she knew he'd stay there. She turned the gas off **again** and meanwhile Charles was going through the house with a hammer – the only things he didn't put through were the windows.

Chris knew every hole in the wall that Charles had done that night. In the front room there was a tiled coffee table that had belonged to Cath's mum and a massive glass crystal Paignton ashtray. Cath said 'Well it was better than one of us copping it wasn't it Chris. And better than Feather copping it 'cos she hated him, she used to smile at him with a big grin like this – and **growling**'.

When the police arrived they said 'You've had a bit of trouble haven't you?' And they said 'Oh you've got a dog'. And Cath said 'Yes but look at her' She was sitting with her face up to the corner of the stairs absolutely petrified. Cath said to Charles 'That's the last time you're going to hurt me and my son.'

So then Cath had Chris to console, and she had Feather to console and they were laid in the bed,

Cath in the middle and Chris on one side and Feather on the other.'

More about Feather

Chris remembered how Feather used to sit between him and his dad and if Charles ever went at all to touch Chris she'd split them up. She was absolutely gorgeous but one day he said 'I'm going to sell her for beer money. I can get £250 for her – I'm going to have her for beer.' Cath was worried because he'd have sold her to anyone – as long as he had the money he'd not bother about her. And Cath used to think 'if she ever goes for him he's going to kill her – he'd absolutely kill her.'

She also decided to find a safe place for Feather. She phoned Labrador Rescue and asked them to find somewhere for her. The lady came and took her one day when Chris was at school. Cath told him on the way home 'Your dad was saying he was going to come for her – but I've stopped him from doing that now. She's going to someone who's going to love her.' But Chris still had to check when he got home. He called up the stairs but she wasn't there. All her things were gone – about fifteen toys, blankets, bowls, five leads, and

collars. She'd got a big bed, and all her own vitamins and carrier bags full of food. The lady said 'I've never seen anything like it! We usually take the with just ... DOG and that's it.' She phoned a couple of weeks later to say 'Feather now lives at Greenbeck, and there's a man and a woman and a boy and they open the gate at the bottom of their garden and she's into woodland. And Cath said 'Feather will absolutely love it there!'. '

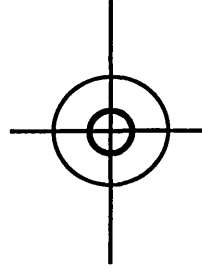
The police domestic violence unit were really good to Cath and Chris. They kept popping round – at first it scared Cath thinking that something was wrong, but the next year they brought a Christmas hamper and presents for Chris. Sometimes they just phoned to see if Cath and Chris were OK.

But things weren't very good for Cath. As well as the three babies she lost her mum and her dad and her brother. She sometimes found it hard to keep going with Chris. Chris would speak to his dad on the phone but his dad would say things like 'I'm going to kidnap you'. Chris was only young at the time about 5, and he asked Cath 'What does kidnap mean? Dad says he's going to kidnap me out of my bedroom'. He told Chris he'd have Cath shot and kidnap Chris and burn the

house down. Cath started recording all the phone calls and texts she got – she had a notebook to write them all down.

Once Charles sent them a letter – it had the symbol of a gun viewfinder on it and the writing said

GOT YOU IN MY SIGHTS BITCH GET READY



As Chris got older he got interested in war and became more afraid of what his dad might do to them. 'I thought he'd put a grenade through the letter box, and then I found out about dynamite and I got mixed up between a fag and a stick of dynamite. I thought he would use a mine, a grenade, an ordinary bomb, a time bomb – anything that would make a loud explosion.'

But Cath and Chris were sly – they used to put Henry (the cat's) litter box under the letter-box to stop things falling on the floor!

For 4 or 5 years Chris never slept in his own bed. 'Sometimes she would put me into my own bed, but I was sly I used to sneak across the landing and get into my mum's bed – and I had to be really sly because there are squeaky floorboards!

One year Cath got very low. She ended up phoning the doctor and asking for a home visit. He sat and talked to her for 2½ hours, and she made big progress in the next three weeks.

Chris was finding things difficult too. At night he used to tuck his starfish and other toys inside his pyjamas. He was afraid his dad would come to the door, and he was afraid of being bullied in the street. When Chris was getting bullied Cath told him to totally ignore the bullies, unless violence was used. Then she or the head teacher sorted them out by seeing their parents and it soon stopped.

Chris did get into a bit of bother at school – fighting with a younger boy – but as his mum says – the other child had a far harder life than Chris, 'He's got no mum and no dad to care for him'.

Cath was at the end of her tether – she'd taken Chris to the GP, to the day hospital, and it was only when the Special Needs teacher at school said 'How about this?' to Cath and passed her the Step-by-Step leaflet that things began to change.

The Step by Step group was scary at first. But Cath and Chris settled in gradually. Then they heard of Sanctuary. As soon as they applied Jenny Stern was there. She checked out everything and in no time at all they had the letter-box blocked off, then put a post-box put on the wall, then fire alarms and bars on the windows. The Sanctuary Door made Chris feel safe as it is fire proof. That was just what they needed. That night Chris slept in his own bed and his starfish were no longer tucked up inside his pyjamas, they were on the pillow beside him!

APPENDIX D

Excerpt from Transcript of Introductory Session

1. JK: OK - And where's her – where's your dad now? {Delilah giggles and Diane looks sideways at her.}
2. Diane: Prison
3. JK: He's in prison is he? {Delilah nods}
4. Delilah: {inaudible} girlfriend.
5. Diane(JK): Yeah – from obviously – (from what?) – the violence
6. JK: ... so – how does that feel for both of you?
7. Diane (JK): For me ... in a way for me I think it's a bit of a relief... (mm) because – if he's still doing it now... obviously if he sees kids or anything like that – he could do it in front of them again and not think nothing about it (mm). But it's like.. I don't want Delilah growing up thinking that's a way of life and living... {Delilah looks down} 'cos it's one of the worst things you can go through.
8. JK: Do you want to tell mum about the cards you've got in your hand?
9. Delilah (Diane): Yes.... When I want to stop something I just hold that one up – OK? (OK) {Shows red card}
10. JK (Diane): And we can either switch off, or we can close the lens cap...(OK)
11. Delilah: And when I want to start again I can just and that'll be GO {Shows green card}
12. JK (Diane): OK – and that's just to help kids have the confidence to know that they've got to be in control – because domestic abuse is about is often about somebody else forcing you to do things and controlling (that's right) – so that's what we're trying to do to make it as much as possible that you're in control. OK? Anything else? Are you both OK about going ahead with it?

Excerpt from Transcript of Story Session 1

13. JK (Diane): So the first question I have for you is where did this all begin, where were you when it started? (Er ..) Were you living where you are now or somewhere different?
14. Diane (JK): (J) (K) No. I was in a hostel – a young.. it were before I ever had Delilah, a young.. a young person's hostel. (Right) And that was the first time he ever hit me (Right) (Was that...?) It were London Road...
15. Delilah (Diane): (to Diane)... {inaudible}... Was that one only women...? (No)
16. Delilah (JK): Can I have one of these ... {taking a doughnut} (Yeah – that's what they're there for)
17. JK: So was he in the same hostel?
18. Diane (JK): No, no he were a lot older than me- there are 10 years between us so he were a lot older than me. We went out... We went out ..when.. but I'd been with my cousin all day and he didn't think it were my cousin he thought it were a boyfriend (mm) and that were the first time he ever hit me.
19. JK: And had you been going out with him for a while before that?
20. Diane (JK): About 6 months (6 months?) Yeah (Yeah)
21. JK: So what do you think it was that started that off?

22. **Diane (JK):** *I think it were, um... jealousy to tell you the truth and insecurity (yeah) I think he were insecure (yes) 'cos I weren't living with him and he weren't living with me so I think ... 'cos we were only going out about two or three times a week and I only used to see him about three times a week and so I think that's what it were I think it were insecurity.*
23. **Delilah:** *What does that mean?*
24. **Diane (JK):** *Where he didn't feel ... what he wanted, he wanted a hold on me he didn't want me to goSo he didn't feel safe without me around him and all that I think (mm)*
25. **JK (Diane):** *So jealousy and wanting to keep a hold on you? (a hold on me, yeah) And that was for his security? (Yeah)*
26. **JK:** *Yeah... yeah, that makes sense .. does that make sense to you? {Delilah nods}*
27. **JK (Diane):** *And... So that was before **Delilah** was born? (yeah) Ok and then what happened in terms of the run-up to her birth..er.. were you pregnant at the time? (No) No (No).*
28. **Diane (JK):** *I didn't get pregnant for a year after being with him – it were about a year and a half I'd been with him before I got pregnant (mm) and then when I got pregnant he didn't want me to go... to have one but obviously it's not just his decision so I had her – He did hit me while I was pregnant and then.. um.. after .. He were only like.. he weren't really hitting me while I were pregnant... before I had her I mean... it were only just a slap - but the first time he really beat me were just after I had her she was only about 6 weeks old, (Oh right) and then that's when he really laid into me cos like he tried.. to.. like that's my daughter- you've got my daughter now and you're not going nowhere (right) and that's when he really laid into me (OK) and I did leave him when he did that (yeah) and I just went back again (Right)*
29. **JK (Diane):** *So that was possessiveness about **Delilah**? (yeah)*
30. **Diane:** *I don't know because he weren't really for **Delilah**. It were just you've got my child so you've got to stay in now – you know*
31. **Delilah:** *He'd already got three kids*
32. **JK:** *Say that again **Delilah**. He'd already had three kids? OK*
33. **Diane (JK):** *But I don't think it were... It were like 'you've had my baby, you're staying with me, that's it, no-one else is going to have you.. (m) .. cos you've got, you've got a child of mine. I don't think it really were **Delilah**.*
34. **JK:** *No, it was more possessiveness of you*
35. **Diane (JK):** *Yeah (right) yeah. But...*
36. **JK:** *Was he seeing **Delilah**? were you living together?*
37. **Diane (JK):** *No we've never (lived together) lived together (no) no But after that after ... it's after that time that I left him – I packed my bags and I went to another hostel and I ended up getting back with him. And after that he were like... every so often... he'd just come and lay into me for no reason. Cos that .. I don't know if it's cos he – he used to smoke things you know, so I think that's what used to ... he couldn't handle what he were taking..(right) So one minute he'd be all right and next minute he'd flip, But um that were it and then I got pregnant again (m) and I didn't have the baby because it were happening too much and he were beating me up. She {indicating **Delilah**} wouldn't leave me she wouldn't leave my side she were stuck to me like glue so ...I couldn't have had another baby to him cos I wouldn't have been able to do nothing and like I say it were getting too often ... too often... he were doing it on a regular basis and it weren't just me... he were smashing the house up he were doing all sorts (right)*

- 38.JK (Diane): So, for **Delilah**, who was what? this was all in her first year? (first year, yes) JK (**Delilah**): That must have been quite a scary start for a little baby and a little girl? (yeah)
- 39.Diane (JK): Yeah cos one time he were... he beat me while she were in me arms as well when she were a baby (yeah)
- 40.JK:(Diane) So that was one of the pictures there [referring to the ice-breaker card that illustrates someone with a child in their arms being hit] – so that was one thing that has happened (yeah)
- 41.Diane: So I had her and I were trying to protect her
- 42.JK: Yeah – that must have felt horrendously dangerous
- 43.Diane: Yeah it were because he were trying to lay into me an' all
- 44.JK: Yeah.... and did you any time have to go to hospital for any of the..
- 45.Diane (JK): Yeah. I were mostly at hospital for head injuries, 'cos obviously most of the time he'd hit my head (OK) Like even if I go to hospital now it's on all my records they've got you know head injuries they ask me . Yeah and he's winded me and all sorts and one time he winded me and I couldn't breathe yeah and that were another time – he left her in the house and she were only one and a half and he took me out of the house at one o'clock in the morning then drove me round [the city] and (right) and beat me up in the car.
- 46.JK: So he wasn't interested in her well-being
- 47.Diane (JK): No (no) No he left me... her at the house in the morning, first thing in the morning, one o'clock in the morning it were...
- 48.JK: So your mum had a really hard time didn't she when she were trying to look after you with all that going on – Gosh.
- 49.Diane: I just look at meself now and I think I'm a lot – I think I'm a strong person – cos you know now, I can see him now and I can talk to him... And I have sat there before and I've told him and 'I've never let anybody put me through what you've put me through – never'. – cos I've moved to [Another city] and he's come to [Another city] and he's like, he's done all sorts like when I've moved to [Another city] just after I had **Darius** (brother) he came to my house and he stayed for the weekend he took her shopping one day and bought her everything then he came back the next day and smashed it all up again.
- 50.**Delilah** (JK): Everything apart from the kareoke that he'd bought me (yeah?)
- 51.Diane (JK):Yeah TV video (yeah?) everything that he'd bought he'd smashed up and I had to run out obviously and leave them in the house by themselves
- 52.JK (**Delilah**): Do you remember that happening?(Yeah)
- 53.JK:(**Delilah**) How old were you when that happened (don't know)
- 54.Diane (JK): She must have been about three. Cos it were just after I'd had **Darius** and **Darius** wasn't very old (Right) so about three
- 55.JK: So what do you remember about that time?
- 56.**Delilah**: I only just remember walking into the bedroom ... seeing
- 57.JK: Walking into your bedroom...?
- 58.**Delilah**: ...my mum's bedroom
- 59.JK: Your mum's bedroom... was that because you'd seen the things being broken? ... or because ...
- 60.**Delilah**: Don't know – I probably wanted her
- 61.JK: I'm not surprised you wanted your mum with all of that going on....
- 62.Diane (JK): I mean – that's what it was like. At one point ... I should have... I... I regret not leaving him earlier I do. (m) but then I think well would I have had

- Darius?* (m) cos obviously I wouldn't be without him and.. ... then – cos the first time he ever hit me in front of **Darius** that's when I left (when..) cos I thought I can't have my son going through all .. doing that to him (right) and so... like I say I regret not leaving him earlier but then love takes o'er you don't it so... {**Delilah** shrugs slightly} (it does {very quietly}) and she's been on the protection register so I have risked losing me kids over him but like I say, I'd never go... I'd never do that again... Never. (m)
- 63.JK: What kind of relationship did **Delilah** have ...? What did you have with him?
- 64.Diane: .. she didn't really have a relationship with him.. it were like he'd come home... and he used to come at nights so ...no she didn't have a relationship with him. It weren't very often that he used to come in the day time were it? ...{inaudible} It weren't often he ever come in the daytime (yeah) just at night because obviously he weren't really interested in kids... it were just me (yeah)
- 65.**Delilah**: I remember he come once and Carrie was here ... and she was bathing **Darius** she didn't really realise what had happened d'you remember? {to Diane}
- 66.Diane: He'd beaten me up just before hadn't he?
- 67.**Delilah**: Don't know – then Carrie came down... he was scared of S (to J) weren't he? {to Diane}
- 68.JK: Who was Carrie?
- 69.Diane: One of my friends – he were scared of her and like he come and said what – he'd beat me up just before that – (mm) and then come back (m) and she was in ours like she said {indicating **Delilah**} bathing **Darius** (yeah) cos he tried chucking the TV at me head. And I - cos I made you stay {to **Delilah**} ... cos Lily were there weren't she? She made you stay in the bedroom.
- 70.**Delilah**: I didn't stay in the bedroom long I went downstairs
- 71.**Delilah** (JK): I remember once – our house was haunted (house was haunted?) Yeah and...
- 72.Diane: That's what they said {indicating **Delilah**}
- 73.**Delilah**: ... it were right scary – everyone were there though.
- 74.JK: Well it sounds as if your whole life was haunted because if someone kept coming when you were asleep and doing horrible things to your mum that sounds like much worse than a ghost to me.
- 75.Diane (JK): It's like there was one time I'll never forget he were.. he once hit me.. I don't know if that's when I got... if that was the last time? No – I got an injunction out on him though. He hit me, at same house, and then she woke up – I didn't think she'd heard anything and she woke up and obviously that's why I had bruises all over me {indicating face} – and she said that she were wide awake and she'd heard him hit me and everything and she'd only pretended to be asleep in case he came in the bedroom. But like when you think that they don't hear it it's.... (m)
- 76.JK: Do you remember that feeling of lying awake and hearing things
- 77.**Delilah**: Can't remember
- 78.Diane: But I know she heard everything cos she told me word for word what she'd heard
- 79.JK: Yeah,..... and not very nice things I suppose
- 80.**Delilah**: What did I say? {to Diane}
- 81.Diane: Well you just told me what your dad had said to me that night and how you heard me go upstairs and wash my face obviously cos I had blood on my face so I had to wash my face.
- 82.**Delilah**: My/our? bedroom used to be right big

83. JK: *Big? Did you have a really nice bedroom?*
84. Diane: *Yeah cos it used to be quite big*
85. **Delilah**: *It were massive – just thinking about it and I had my bed next to the window, and then I had my little Barbie shop and my little till {using expansive arm movements to indicate the layout of her bedroom}*
86. JK: *And where was that?*
87. Diane (JK): *That was where we lived at [a suburb]. That's what I mean, I mean we have moved around that many times that's why I could never do it again (m) It surprised me he never had a job{? - inaudible} cos they are that great kids (yeah) to say what they'd been through*
88. JK: *Yeah, Well that speaks for you – doesn't it?*
89. Diane (JK : *Yeah – cos they are good kids... Obviously they are kids that'll ... they're kids kids that argue with me. But I think in a way as well I spoil them cos I don't I feel sorry for what I've put them through as well (m) – especially Delilah (mm) I feel a bit bad what I made her go through cos I think for her age she shouldn't have gone through all that . But never again is it love {nod/sigh from Delilah}*
90. JK: *No answer*
91. Diane (JK): *No she's a good, she's a good... (yeah)*

Excerpt from Transcript at end of Story Session1.

92. JK: *OK, So what the next stage is ...is if we've finished sort of outlining what the story was about ... is what I do next time is I bring it on the laptop and we actually write it up... I'll type up what you've said this time and we'll look at it together and we can add bits in, change bits, put in more detail...*
93. Diane: (JK) *Yeah cos when you look at it now, when you think about that now... I know he did it so many times but you remember certain bits, obviously what are worse than other bits (yeah... yeah) Like I've been there when he's tried drowning me, setting me on fire, all sorts... ad'you know... d'you know what I mean and all... just little bits like that and then he – I think he could have killed me at any point. And.. I never judge anybody that goes out with somebody who does that to them cos I went back so many times over eight years and well the best thing that I can say is try and leave them if you can because it only takes just one hit from him and it could kill them... but, like I said, I would not go and do that again – the first time he raises his hand to me .. that's it .. I'd leave straight away. Well – not leave – I wouldn't even leave me house- I'd just tell him to go (m) but never...*
94. **Delilah** (JK): *Not like Dana & Ray (Say that again)*
95. Diane (JK) *Her cousin – and my friend's together but's got it going on – it's on her dad's side (m) and he's just as scary as Daniel and like it's worse, because she's like the same age as when I met her dad {indicating Delilah} (right) So....now't I can do except tell her to leave him can I? (no) But it just looks like a replay of Daniel - their dad {indicating Delilah} (Yeah... Yeah)*

Excerpts from Transcript of Story Session 2 while Delilah is direct scribing.

96. JK: *We can put in a bit of background... the outline of Delilah's life... like places and her age and ...perhaps do it in a short form for now*
97. Diana (**Delilah**): *Like when you text (OK)*
98. JK: *So where were you born?*
99. **Delilah**: *Saint Marie's ... Brook Green... were we on our own in that house? (yeah)*
100. Diane: *We stayed at Brook Green till she was 2 months that's where he first ever beat me up.*
101. JK: *So what happened then?*
102. Diane: *We moved to a hostel... a mother and baby hostel... .. stayed there for 3 months and when she were about 5 months 6 months we went to Fieldfare Avenue...Went to Leicester 5 weeks preg... pregnant to er... I was ... left when I was 32 wks pregnant with Darius went into temp accommodation the same old thing happened again... I was there for 6 months and then I got a house in Hastings Park... Then I was there for 8 months ... That's when I found out I was pregnant with Darius*
103. JK: *Did you move back before he was born?*
104. Diane: *Yeah I moved back to Manchester - I think cos I was pregnant as well cos my family were there and my friends. Then I had Darius cos he didn't want me to have Darius Then when Darius were about 12 days old he put through me windows, me dad's windows*
105. JK: *You were in the house when he smashed the windows?*
106. Diane: *Yeah, then I got a house in Nottingham when I think Darius was about 12 weeks old ..she was 3. That's where Delilah's stuff got bust up, then I was in a hostel again and then we moved to Brownhill*
107. **Delilah**: *The Brownhill House were haunted*
108. JK (Diane): *Were you in a hostel before that ? (Yeah) And Delilah was about 2 or 3? (yeah) Did she start nursery while you were there?*
109. Diane: *Yeah we were there for about 2 years*
110. JK (**Delilah**): *And do you remember going to Nursery there? (yeah)*
111. Diane: *I came back to Manchester because of Daniel. She went to nursery while we were in the hostel in Castle Hill ... that was where Tyreham East School were she were three years there in reception Y1 and Y2*
112. JK(**Delilah**): *Do you remember being at that school? (yeah)*
113. Diane: *Then I got an injunction cos... and... we were in temp accommodation on Dignam Fields We only there for 3-4 weeks then came back to Manchester I met somebody that's why I moved to Manchester*
114. JK(**Delilah**): *Did you move in with him? (yeah)*
115. Diane: *I lost all contact with Daniel Then we moved back here in March and went back in November Cos that's when we wanted to cut Daniel off – that's why we moved to back to have no more contact 8 months there and then we went back to Sheffield To Greenpost Drive she went to Norbrook School*
116. JK: *Were you with someone there?*
117. *No just me and the kids*
118. **Delilah**: *Not shacked up*
119. Diane: *We were there 4 years and then we moved into a new house and Denton was born 10 weeks after we moved in.*
120. JK: *And now...she's gone up to the Mansfield House School*
121. Diane: *...and I've had Devon obviously.*

Appendix D1

In this version names and dates have been changed to maintain anonymity. **Delilah** typed this text during Story Session 2 as we discussed the timeline of her life. **Darius, Denton** and **Devon** are her brothers. All the choices of formatting, layout and abbreviations are her own. See Appendix D (96-120) for a transcript of the verbal account she was attempting to capture.

23/01/1997 Delilah WAS BORN (St Marie's)
 (Brook Green) on our own left wen 2months (Mother nd baby
 host) 3month Field-fare DR Temp accommodation same
 old 6months house Hastings-Park 8months Leicester 6months
 Pregnant come bak Manchester Had Darius- 10days Leicester-
 house Darius - 12weeks **DELILAH** - 3years Leicester 2years
 nursery came 2 Manch **AGAIN** - family nd friends Hostel
AGAIN - 6months Castle-hill Nursery Brown-hill house wa
 haunted Tyreham East - 3years - rep, year1 nd year2
 Injunction move temp accommodation Dignam Fields 4weeks
 move 2 Sheffield May-Field School mummy's new bf cut
 Daniel off no more contact 8months Manch GreenPost DR
 Nor-brook School Hill View-flats then we got dis house now
 then Denton wa born 10week after 54 Guise-bury DR Gon
 up 2 The Man house School mum had another baby called
 Devon

The End.....? Now

Appendix E

Transcript of Edward and Ellie's Main Narrative Account

1. *JK (Edward): So your mum was saying (yeah) it was from when the ring went on your finger I think it was you said wasn't it? {P nods} So can you tell Edward a little bit about y'know maybe before he was born or when he was a little baby – some of the things that were going on for you....and obviously that's completely up to you what you want to tell him and what you don't want to tell him - things that might help him understand what it felt like for you when he was being born...*
2. *Ellie: Oh.... Gosh.... {Ellie looking pale and tense}*
3. *JK: Where – where were you living?*
4. *Ellie: [Town B]*
5. *JK (Ellie): [Town B] – did you have a flat – a house? (a house) You had that from when you were married? (Yeah) and what was that like (yeah it was alright)*
6. *Ellie (JK): Um I like ... when we got married... He..it wasn't.... the actual....wedding went OK .. at the reception – no at the ...(church?) well we had it at the registry office well it was the bit after.... at the reception I wasn't allowed to wear my wedding dress... wedding dress... And of course it's the bride who ... it's the bride's day isn't it you get to wear your wedding dress and I wasn't allowed – We had an argument over it – 'I want to' 'No you're not' .. 'I want to' 'No' and everything and of course he won in the end – cos I wasn't prepared to argue with him.. which of course upset the whole sort of evening.*
7. *JK: Did that upset other people as well?*
8. *Ellie: Yeah – a little because he did it in a room with you know with family about ... and then --- when we actually got there – he accused me of staring at the DJ all night- the one who was doing the music which I wasn't. And like he didn't like my family much so y'know when we were eating and that you know kind of nobody spoke to my family ...out of his family and I was on sort of eggshells kind of thing*
9. *JK: So it wasn't a very happy wedding*
10. *Ellie: No, not really not one like y'know you'd like to remember ...you know remember*
11. *JK: So then you settled into a house in [Town B]? (yeah)*
12. *Ellie: Yeah – well I were already living there*
13. *JK: That was before Edward was born*
14. *Ellie(JK): Yeah – well I was three months pregnant when we got married Then we had a little dog called Bess – which was my dog – and it used to ...er it were only a puppy and it used to chew bits of his ... and that used to get him mad {Edward and Ellie both laughing} never chewed mine--- but chewed his! and he used to get nasty with it and like – when Edward was born – um.... eventually he got rid of it cos it used to chew his things and if it did an accident you know – anywhere Cos he was one of these ... he was very house proud (yeah) He liked everything where it should be and ... so*
15. *JK: So what happened to the dog then?*
16. *Ellie: Got rid of it – gave it to someone, somewhere I can't remember where it went to.*
17. *JK: Do you remember the dog (to Edward)*
18. *Edward: Yeah I was lying next to it – lying right next to it.*
19. *JK: So you had the dog w...*
20. *Ellie(JK): Yeah, when Edward was a baby and he just laid next to him. (aah)*
21. *JK: So Edward was born and what kind of a baby was he?*
22. *Ellie: Cheeky baby...{Edward and Ellie both laughing} No he was very good*
23. *Edward (JK): I was a chocolate person (yeah?) I always had chocolate over me*

24. *Ellie: Yeah chocolate*
25. *Edward (Ellie): What did I do with that spray can? (what spray?) I chucked it and it exploded*
26. *Ellie (Edward): What was that? in your room? (yeah)*
27. *Ellie (Edward): Yeah it was like that strong paint (spray can paints) No it wasn't a spray can it was actually a tub of paint (oh) I can't remember what kind of paint, it wasn't emulsion or gloss some other paint and as he dropped it the lid Flung off so it {Ellie makes spray gesture with fingers} went all over and he came home from work and of course he can smell it as soon as he walks in and he says "What the **** has happened here" {Both laugh} and...*
28. *Edward: Did I get... did I get done?*
29. *Ellie: No I got done – for letting you get hold of it...*
30. *JK (Ellie): So... and he was always working was he? (Yeah) and he always worked away ...did you say?*
31. *Ellie(JK): No that's up until – like he's working away now, but he never used to work away when we were together.(No, OK OK)*
32. *JK (Ellie): And so you had to keep the place clean (Yeah) and so on. OK OK And then Edward as he was getting older ..went to nursery did he? (mm)*
33. *Edward (JK): And I always cried (did you?)*
34. *Ellie: Dead right, yeah... {All giggling} Everybody does that though don't they*
35. *JK: And what do you remember about your dad when you were little like that?*
36. *Edward (Ellie): I don't remember everything - I miss him But I remember going fishing with him maybe a couple of times.. with my grandad as well. Oh yeah I went fishing once – where my dad went fishing and me me mum and Ennis [sister] went .. he didn't want her to come .. my dad wanted us to come to the fishing place where he was there – remember {to Ellie} (oh... on his holiday?) yeah (there were no kids allowed around) no, but I was like – because he was in a tournament and everybo..(you weren't allowed) I were (no not on that holiday you went to) No not the holiday - when there were a fishing tournament and (you didn't go) I did.(You didn't cos kids can't go) I were watching (...on tournaments.....not on tournaments) oh well it was something like that*
37. *Ellie: It must have been something else because kids can't go on tournaments*
38. *JK (Edward):Where was the place you were thinking of? (um) do you remember where it was?*
39. *Edward: it's like there's there's a park and there's like a path you can go down and then it's like a fishing place and you've got to like go up the main road and you can come down*
40. *Ellie: What's the name of that major big one that they do every year? {to JK} I'm trying to think*
41. *JK: I'm sorry I don't know much about fishing*
42. *Edward (JK): and you walk down and then you carry on ... and... er there's like... you... and you carry on and you walk down this thing and there's like a bridge and there's like a fence round that and there's like a lot of compartments that you can like blocked out so you can like... fish (Right)*
43. *Ellie (Edward): It might have been just a little one, but that major big one that you went to that I can't think of – (He came in ss....) - kids aren't allowed to go to that one (...fourth place, he came in – I think)*
44. *JK: Oh right – so he's good at fishing*
45. *Edward (JK): Yeah. My grandad won a trophy like this {showing size with arms stretched out about 70 cms} (Wow) and he gave it to me*

46. *JK: Wow have you still got it?*
47. *Edward (Ellie): No... (No it's at his dad's) it's at me dad's. It's on the shelf*
48. *JK: At your dad's*
49. *Edward (JK): And he always collected these cars, y'know collectable cars – he always got me some of them (Yeah) If – say if you like he had some spare money.*
50. *JK: Yeah, OK, good. OK so what do you remember about nursery Edward? Anything?*
51. *Edward (JK): Yeah. There was a lady there that was called Jenny and she... there was a piano and we used to sit down and she used to sing songs for us and play the piano (OK, nice)*
52. *JK: So you liked Nursery did you?*
53. *Edward (JK): Well I liked Y1 best though because I had a teacher called Miss Sampson and she had this tub of sweets (yeah) and every time we were good we got like 3 or 4 sweets (Oh Gosh)*
54. *Ellie: She was nice*
55. *Edward (JK): ..and when I was in Y3 I had this teacher called Mr Stoneham... er Y2 (was that at this school? ... or ..) no it was my old school I went to and I had a teacher called Mr Stoneham and he was...*
56. *Ellie: .. he was a bit older teacher – older kids*
57. *Edward (Ellie): Yeah - But he taught me though (eh?) he taught me though (did he?) Yeah (what in Y2?) Yeah and he used to play guitar and he could do magic tricks – with pounds and coins like he could hold it in his hand and the next minute it would be in that one. (Oh right) so he made out. And he got a pound and he stuck it on top of this massive metal thing and then we went out to the hall and then we came back in and he looked there and it wasn't there – but of course when we went out he must've like took it down (Yeah)*
58. *JK (Edward) (Ellie): OK so... and then when when did you have Ennis? How old was Edward when you had Ennis was he around 2? (2 or 3) (er...3)*
59. *JK: And what was going on for you at that time when you had got 2 little ones?*
60. *Ellie (JK): um... well there was more arguments in the house ... more accusations like if I went to the shop y'know he used to time me how long I went for – how long I was gone ... or like if it came to like cleaning the house he'd like put something like... say like a hair y'know on the mantelpiece just to see if I'd actually cleaned the mantelpiece (right) and things like that ... or a hair on the sink*
61. *JK (Ellie): So you were having to be perfect (yeah) in every tiny little thing (yeah)*
62. *Ellie (Edward): And when he came home he used to have to... he'd go round to see if that hair was still there but I mean with two young kids it just – you can't expect everything (...?) and he'd shout at me (and then) "You haven't done this bathroom – what have you done? (and then) you've been sat on your bum, all day*
63. *Edward (Ellie): And then... (then it) When she had Ethan What's that word again? He wanted him to be ab....*
64. *Ellie (Edward): Yeah he wanted me to have an abortion – when I had Ethan (and I was...)*
65. *Ellie (JK): He said he didn't want any more - he was too old and I think I was about 16 to 20 weeks pregnant and he wanted me to get rid of it and I said "No chance" Because I don't believe in that (No)*
66. *JK (Ellie): And did... (and then when Ethan was...) Sorry did Edward know about that at the time?*
67. *Ellie (Edward): Yeah - when Ethan was born cos these have got dark hair and cos Edward's got his Dad's eyes and Ennis's got my eyes – Cos Ethan's got blonde hair – was born with blonde hair, blue eyes (but grandad Ted had blue eyes) ..he accused me of*

being with somebody else then – and of course he'd got (Grandad Ted has got blue eyes – Grandad Ray had blue eyes – and Gran Sa.. Nanan Sally even had blue eyes) no she didn't (she did).

68. *Ellie (Edward):* No Cos he said no-one in my family's got blue eyes then he realised that his grandad had but nobody had blonde hair. (Nanan Sally had blue eyes – I'm sure she did) No she had green eyes same as Tony... (I'm sure she had blue eyes)

A further 8 turns around genetics and inheritance have been cut.

69. *JK (Ellie):* So you were saying that when **Ethan** was born (Yeah) How did he react? (umm.....)
70. *Ellie (Edward):* (er... {inaudible - reaching for his glass of water}) er Kind of – not interested if you know what I mean, (and...) and he wasn't much interested in **Ennis** only **Edward** really being his first son
71. *Edward:* And when I was born he just ... he named me **Edward** but my mum, my mum didn't want to call me **Edward**
72. *Ellie (Edward):* No it was always up to him what the kids were called.. you know (My mum...) He liked **Edward** because that's his dad's name – well Ted. Then when **Ennis** was born he wanted **Ennis** after his family But then I wanted Angela for her second name but he didn't so I said "Well you had **Edward** for your dad so I'm having Angela for me and me mum cos that's our middle names" and it took me ages and ages to get that name
73. *JK:* But you won in the end?
74. *Ellie:* Yeah I won in the end I wasn't going to stop
75. *Edward:* What did he say?
76. *Ellie:* I said "You've got **Edward** named after your dad so I want something to do with my family." I just kept persisting and persisting and I got it eventually... And then when **Ethan** was born my dad wanted him to be called Bradley
77. *Ellie:* yeah he wanted to call **Ethan** Bradley and I don't like the name Bradley so I managed to get that an all.
78. *Edward:* Did my Dad want **Ethan** to be ...
- brief discussion around **Ethan**'s birth date omitted

79. *JK:* So **Ethan** was born and you were still in [Town B] at that time?
80. *Edward and Ellie:* Yeah
81. *JK:* So did things come to a head at some point to make you come here?
82. *Ellie (JK):* Well anyway things got worse and then, it just came to – my mum invited us up for a weekend to come up on the Friday she said cos we used to go up from Saturday to the Sunday but she said if you come up Friday cos she's at work Saturday so if I come up Friday it.. where she'll be in then you know I can stay till Sunday. And he didn't agree with that – He said "No, Saturday to Sunday" So I said "Well she's not going to be in on Saturday so I won't be able to get in until she gets back from work which is..." would've been late. So anyway – I went – on Friday and he pestered me the whole weekend: "What you doing? Who you got there?" (mm) "Where've you been?" and that type of thing. And it just got too much – every time I come to my mum's it's: "What you doing? Who you got there? Where've you been? What you doing?" You know – and I was going to go back on that Sunday you know and he just pestered the whole weekend and wouldn't leave me alone so I thought "Right, I'll show you". And I didn't go back on that Sunday. Yeah and that's about it I left him then.
83. *JK:* So where's your mum's?
84. *Ellie (JK):* Just down the road from me (In [Town B]?) No here

85. *JK (Ellie): and was that with the children? (yeah) you were there with the children? (Yeah)*
86. *Edward: My grandma always used to cook Sunday dinner for us and it was delicious!*
87. *JK: Was it? Aah there's nothing like a grandma's cooking for Sunday dinner.*
88. *Edward: And she used to give me piggy icecream – It's like chocolate ice cream with loads of little pink piggies in it.*
89. *JK: Pink piggies? Where do you get the pink piggies..?*
90. *Ellie (Edward): They're like little marshmallows (no they're like..)*
91. *JK: Oh Marshmallow*
92. *Edward: No not marshmallow they're proper like chocolate but they... they've stopped it in Asda*
93. *JK: Oh did they – right – I've not seen that one before.*
94. *Ellie: Yes her Sunday dinners were lovely weren't they*
95. *JK: So Edward, do you remember that weekend when you went on the Friday?*
96. *Edward (JK): Yeah...er...and then ... what was it now (What did your mum say?.. sorry, carry on)*
97. *Edward (Ellie): He was near us nanny's house wasn't he? (mm) He was when me mum didn't go back that day it was at night I think it was.....*
98. *Ellie: I think it was a couple of days after cos....*
99. *Edward (Ellie): And he was on... cos my grandma's is near a wood and she's got this fence and there's like wood behind it.....(mm) and he was hiding there.*
100. *Ellie (Edward): I think to start with he went on a couple of walkabouts before he was actually on that ... behind the house... He went on a few walkabouts and y'know drunk a few whiskies and tablets and...*
101. *JK: So he didn't go to work?*
102. *Ellie (Edward): No (He took..) 48 paracetamol and about two bottles of whisky. Y'know just d... on walkabouts. (And you give us {inaudible})*
103. *JK: And he came up by your mum's?*
104. *Ellie (Edward): And this was another day. That first time was... this first time he tried to kill himself with 2 bottles of whisky and 48 Paracetamols Cos he refused to go into hospital And then the second time he tried to kill himself that's when he... (he was...) He was stood behind my mum's and we just started to ... me and my mum, the kids were in bed all asleep and me and me mum we were just on our way up to bed when we got this bang bang bang on the door and it's about 6 or 7 policemen "We've just heard that your son-in-law is on..." y'know "...the back of your house." Of course our mouths went "ERRRR" y'know, Shock Horror type of thing (and there was a police ...there was two...) What's he going to do? type of thing ...*
105. *Ellie: and we got the police were there there was a policeman inside ..*
106. *Edward (Ellie): There was two policemen inside I think one policeman or two policemen inside and there was four outside (... so there...) There was loads on the back there still was some... (There was ...)...on the front.*
107. *JK: Right*
108. *Ellie (Edward): Some came in, some went on the back and of course – then – there was the whole night of having to ring him up on the mobile and (track him down) so they could track his mobile (and they didn't get him) and then – oh gosh I can't remember ... must have been 4, 5 o'clock in the morning when we actually – when they finally got him. (Did they?) Yeah well you were asleep (Oh!.....I woke up though didn't I?) um (I woke up because...) but you went back to sleep (What was that though when he said..) anyway they found him eventually on a bridge threatening to ...well while he was still on the backs of*

me mum's he was trying to ... he tied two shoelaces together two shoelaces and a plank of wood and he tried to kill himself that way – tried to strangle himself and at one bit he must of – kind of – succeeded because he passed out 'cos I was talking to him one minute and then it just went dead which panicked me and got me all upset and then he must have come to – so then he picked y'know.... he rang again and then eventually y'know they found him on the bridge (where was that?) with the two shoelaces still tied round his neck....threatening to jump off the bridge or something..... So....

109. JK: So what do you remember about that night **Edward**?

110. **Edward**: I was only awake for about 10 minutes and then I went back to sleep. We was on the phone to him and {to Ellie} was that when we was saying oh where are you? was it? "Dad tell us where you are"?

111. **Ellie (Edward)**: No that was another day (when he was near Skinner's)

112. JK: So that was another day?

113. **Edward (JK)**: Yeah he used to work for this guy called Skinner (yeah) and he was ... it was night like 12, 1 o'clock in the morning and er...um ... er he were drunk and he didn't know where he were. And he were...and he said "I think I know where I am now I think I'm near where I work – Skinner's" and he just said "I don't know where I am, don't know where I am" but I'm ser... I'm thinking that he did know where he were because ... (right) ... I don't know really - he didn't sound that too upset about it really (yeah) you could hear him walking (yeah)

114. **Ellie**: Cos we were trying to ask him y'know like "is there lots of trees?" or "Are you near loads of houses?"

115. **Edward (JK)**: "Is it .. is there any like wildlife there cos then if there is .. like woods... "Is there fox there?" "Is there owls there?" cos then they could like track it down because like owls live in the forest – in big trees – and he said there was a road and he were trying to spell the word out but there was – but it were no use (yeah)

116. JK (**Edward**): So you were helping on the phone were you? (Yeah) to talk to him... to see if he would tell you where he was?

117. JK: So after those incidents, what happened to him? did he get..?

118. **Ellie (Edward)**: um They arrested him and then.... er of course with him taking all them paracetamol and whisky and that he needed to get to hospital so they could drain him out ... and he kept refusing and then it was when ... when we.. went to ... Me and my mum went to the house in my friend's car so I could go and get some clothes y'know for the kids and that because they hadn't got none (while he was at work) No, he was there he was at home (was he?) yeah. (But.. Oh yeah because Suzanne {inaudible} wa... refused to go in.) And that's when Josie, which was his aunty, was ...turned up as well – and you know, trying to get him... both of us trying to get him in trying to get him to go to the hospital ... because otherwise he's going to mess his body bits up..... And eventually you know, he agreed to that. (Should you mean there... {inaudible})

119. **Edward**: We couldn't get all our stuff cos it was only a small car

120. **Ellie**: And we managed to get some bits out – things what me and the kids needed

121. **Edward (Ellie)**: cos it was like a.. like a normal car but you couldn't really fit lots in while there's three people. (what?) You couldn't really fit much cos it were a small car (what Susanne's car?) Yeah – (It's big enough) Is it? (Yeah)

122. JK: Were there big things that you wanted to bring that you couldn't bring?

123. **Edward (JK)**: Yeah There was... well I wanted to bring my telly. It was a 48" TV and that's it. I wanted it right bad. Plus it would have been too heavy for me mum. (Yeah)

124. **Ellie (Edward)**: We only just got the major things that they needed (Clothes) Yeah

125. **Edward (JK)**: And she got some of my toys – she got my PS2. (yeah) She got all my games

126. JK: *So that was good*
127. **Edward**: *Yeah.*
128. JK: *I know bikes sometimes have to be left behind because they're too big.*
129. **Edward** (JK): *Yeah I left me bike but I've got another one now so it don't matter, (right) I've got a new one now so it don't matter (yeah yeah)*
130. JK (Ellie): *So then ... did you stay at your mum's all this time? (yeah) and so was that a problem for your mum?*
131. Ellie (JK): *No no she was quite happy to have me there (OK, good) She was really pleased that I'd actually done it (yeah) cos she'd been telling me for ages but I just didn't want to know*
132. **Edward**: (Ellie) *She took us out of school – didn't you – (once, yes) that was the day we went.*
133. JK (**Edward**): *On that Friday (yeah)*
134. **Edward**: *That was the day we come here.*
135. Ellie: *We went in but then we came right back out*
136. **Edward**: *So he were at work and we went in and we didn't have very long because he'd be back at 4 o'clock so we only had half an hour till he'd be back. So it were like we went in but then ... So... that were about an hour later – we went to my granma's (right)*
137. JK: *Right.... And how did it feel leaving your school? Did you know you were leaving?*
138. **Edward**: *Yeah because we were saying mum please come and pick us up we don't want to be in this situation any more. So she took us out of school.*
139. JK: *So you were helping your mum, supporting your mum in that decision?*
140. **Edward** {nods} *Yeah*
141. JK: *What was it about the situation that you thought you'd had enough of?*
142. **Edward**: *Just the shouting because every night you could hear them shouting – that's why I slept at my friend's all the time really, every Friday because I... was... he lives just down the road from me and I used to sleep at his place because I'd had enough of the argument*
143. JK *So you heard a lot of arguments? {Edward Nods} and were Friday nights particularly bad?*
144. **Edward**: *All the nights were bad.*
145. Ellie: *I don't think it mattered which day it was,*
146. **Edward** (Ellie): *Then my uncle Jake took me to my aunty Sally's and we slept there and then we went to school and I burst out roaring (er...{inaudible}) and then I went home. When I started roaring at my aunty Sally's – Donna. I mean it was my cousin's birthday – it was his 18th and I remember it was just like ... this tube – do you remember that? and he got drunk out of his brain! and when we got home he were just shouting and shouting and that's why*
147. Ellie (JK): *It were them big tubes that they drink out of.. (Oh! alright, yeah)*
148. **Edward** (Ellie): *But he were shouting all night (but they put all sorts in it) til 2 in the morning*
149. JK (**Edward**) (Ellie): *So was it your dad who was getting really drunk?(yeah) (Yeah)*
150. **Edward**: *It was my aunty Sally it was at my aunty Sally's we was visi.. that was before when my dad got swelled.*
151. JK: *So your aunty is your dad's sister?*
152. Ellie (**Edward**): *No dad's ... {in quiet voice to Edward} cousin (cousin)*
153. **Edward**: *and er... he was just getting drunk...*
154. JK: *and how did his family react to...*
155. Ellie: *...um tried to calm him down because a friend... what it was ... it was a lad had said something – not on our side of the family... He'd said something to another lad and of*

course Ewan thought he was talking to him, took it the wrong way and ...went on one – and of course he was drunk and right all over the place – he started to get a bit nasty so Uncle Jake you know grabbed hold of him to calm him down and that's – you know- and of course Ennis was too frightened to go back home so she stayed with Donna and I had to fetch Edward and Ethan home with me in the taxi with him[Ewan] so it was kind of – you know – getting home and just hoping he'd fall asleep

156. JK: And he did?

157. Ellie : Yeah he did eventually

158. Edward: But I .. he had this stupid friend called Amanda and Jerry and they were like alcoholics well especially Amanda and he went there – like all the time and he were drunk. And I used to like stay up... because my bedroom were at the front of the house and my mum and dad's room were like at the back of the house so I could tell when were walking up I could tell her ... I could shout my mum when he was coming back so I used to just keep myself awake by putting on my PS2 and my mum couldn't pack up til I'd shout her Cos the window – you can't really see the .. cos there's like a hedge that's big and you can't really see through – over it. So she always told me to keep an eye on it to see if he was coming back up and I did it by keeping myself awake playing on my PS2

159. JK (Edward): Right, OK, so you were a sort of spy in a sense? (yeah)

160. JK (Ellie): That gave you some support didn't it? (yeah)

161. JK: OK and then what would happen when he came in?

162. Edward (JK): There would just be.. they would just be talking and then he'd get a bit violent by shouting and that .. (yeah – and you'd be hearing that?) yeah my dad didn't really bother about me keeping my PS2 on – he'd just leave me (yeah)

163. JK (Edward): So you had a lot of bad nights (yeah)

164. JK (Ellie): And so did you (yeah) So night times was bad times (yeah)

165. JK (Edward): is that right Edward?

166. Ellie: – and like tea times as well

167. Edward: Yeah like because we had to sit in the kitchen because if Ethan spilt like one bean on the floor he'd go mad. He didn't like that muck on his carpet.

168. JK (Edward) (Ellie): So everything had to be spotless (yeah) (yeah) and did that mean that you did some cleaning as well as your mum?

169. Edward (Ellie): Well if my mum did anything wrong with cleaning he'd shout her (or if it wasn't good enough he'd have to re-do it).

170. JK: You'd have to do the cleaning?

171. Ellie: No if my cleaning wasn't good enough he'd go over what I'd just done.

172. JK: OK So when you came to your nan's and there was this night when he was out the back and there was all this stuff going on with the police?

173. Ellie: No that was a couple of days after.

174. JK (Edward): Right so then you moved in to stay with your mum's and then you put in for rehousing ? (then a coup..)

175. Edward: Yes and a couple or maybe 7 months later 8.. 9 months we got our house didn't we?

176. Ellie (Edward): Well we moved (to this house) we moved February 2006 with mum, with Granny, I got the house in July (so it's about..)

177. JK: So That wasn't bad

178. Ellie (JK): ...and I put in for – I went to everywhere – you know – told them everything and yeah I got a house in July (right) trying to sort all my money out which took ages

179. JK: And did you get the kids into school straight away when you were at your mum's?

180. Ellie (Edward): Yeah (I didn't..) near enough near enough

Appendix F Frank and Faiths' account of the abuse; excerpts from transcripts.

1. *Faith: We were living at Carey Park weren't we when it first started...*
2. *JK: And what was it like there? ...What can you remember about that place? – you were a bit younger Frank,*
3. *Frank: The only thing that I can remember is all the people is all I can remember because I was right young then.*
4. *JK: mm So who was living there then?*
5. *Frank: Me, my mum, Felicity, er.. and my dad – my grandma across the road, my auntie down the road and my cousin and my other cousin and my friends and that's it.*
6. *JK: OK So it was – there were – quite a lot of family members in the street and does that mean you played quite a lot of time with your cousins?*
7. *Frank: Yeah*
8. *JK: OK – And what was your dad's name then?*
9. *Frank: Freddie*
10. *JK: What was your dad's name then! I should say ... { all laugh}*
11. *JK: OK So you were living with Freddie at that time?*
12. *JK: What happened – like things that you did with your cousins ... when you went to your grandma's?*
13. *Frank: Well at my grandma's we just sat down, playing with the dog and that's it and when I went round to my cousins' we used to just play play station and that's it.*
14. *JK: And did you play out together?*
15. *Frank: yeah a few times - we just used to play tag and kicked the ball around and ..*
16. *Faith: And you did karate as well then didn't you*
17. *Frank: mm {agreeing}*
18. *JK: Karate as well?So you don't do that now?*
19. *Frank: No*
20. *JK: OK.....OK*
21. *Faith: And then we moved to Morris Road didn't we*
22. *JK: So what was different at Morris Road?*
23. *Faith: Quieter was it then?*
24. *Frank: Family weren't living round there at the time – so that's it*
25. *Faith: I worked a lot as well didn't I when we lived there, nannying for my friend.*
26. *Frank: Yeah*
27. *JK: And how long were you there? How old were you when you moved*
28. *Frank: I went into year 2 so I was 6 or 7 then, about 7 then*
29. *Faith: About 8 yeah about 7 and Felicity was about 4 or 5 wasn't she*
30. *Frank: Yeah because I started going to [School H] and was through the school – up the road in Carey Park – and I stopped going there and I went to [School K] so we had to move so it was closer and I had to catch the bus all the time.*
31. *JK: Yeah – yeah And what did it feel like going to a new school?*
32. *Frank: Alright 'cause most... some of my friends that had moved from [School H] went there.*
33. *JK: Good. And what about When you would like your story to begin – would it start when you were at [School H] ? or will it start when you moved?*
34. *Frank: It were more about when we moved weren't it?*
35. *Faith: Er mmm (agreeing)*

36. *JK: So things started to happen when you moved – to Morris Road. And what sort of things do you remember happening then?*
37. *Frank: When my mum and dad were arguing all the time. My mum had... my dad were hitting my mum all the time and my mum going into hospital.*
38. *JK: So that was a pretty bad time*
39. *JK: Did that seem to go on for a long time?*
40. *Frank: Yeah - all the time we were there. And then my mum broke up with him and then he carried on - he were trying to cause trouble.*
41. *JK: And who was that, who was that – was that Freddie?*
42. *Frank: mm {nodding} Yeah*
43. *Faith: Every time we opened the curtains in the morning he'd be there screaming and shouting through the window and kicking the door and...*
44. *JK: So you moved there without him did you?*
45. *Faith: No we moved there with him*
46. *Faith: and we left, didn't we, and we were staying with a friend. Th..the house was in both our names so I went to a solicitor But he'd locked me out, he'd put the deadlock on I couldn't get in, I couldn't get any stuff*
47. *JK: So this was at Morris Road?*
48. *Faith: Yeah, I couldn't get any stuff for the kids or anything so I went to the solicitor. The solicitor said because I'm on the tenancy as well I do have the right to break in and lock him out 'cause I'd got the children and what have you – But I didn't even have to break in. I just went and got a spare key for the back door – and the police were phoned and they made sure they were around when he came back from work really. And we got the house back didn't we and tried to move on but it was a bit difficult.*
49. *Frank: yeah*
50. *Faith: He was just there all the time. He smashed er ...my friend's car up which was outside the house.' – he wrote that off then didn't he ... Slashed.... then we got a new car and he slashed all the tyres on that.*
51. *JK: Do you remember when... the time when you were locked out? Do you remember that day?*
52. *Frank: No*
53. *JK: You were quite young then. Do you remember about your mum locking your dad out?*
54. *Frank: No*
55. *JK: What do you remember about that time?*

In the next section (not included here) **Frank** describes the incident where his father was hitting his mother and he ran for help.

56. *Frank: That's all I can remember and visiting my mum in hospital*
57. *JK: So where were you staying... were you staying? – did you go and stay at your nanan's?*
58. *Frank: At my mum's friend's - we went to my nanan's to pick Ch up and then went to my mum's friend's*
59. *JK: So... And how did you feel about your mum being in hospital?*
60. *Frank: Scared*
61. *JK: And what do you think about why it all happened ?*
62. *Frank: I think my dad had a bit too much to drink*

63. *JK: And did you see what he actually was doing?*
64. *Frank(JK): MM he just kept hitting her with these [metal ornaments] – kept hitting and hitting her. ([Ornaments]?) Yeah these [describes ornaments] that I bought from a jumble sale*
65. *Faith(JK): [like ornaments, they were hanging up] (Oh yeah – really!) ...he had those in his hand in his fist*
66. *JK(Frank): So you had bought those for your mum? (Yeah) Ow! ...Ow!*
67. *Frank: I didn't know they were so lethal*
68. *JK: Right --- so then you went to the friend's and who was it who opened the door to you?*
69. *Faith (Frank): were it Mil...? (yeah it were Millie) yeah Millie*
70. *JK: And she knew what to do? and she knew where **Felicity** was?*
71. *Frank: Yeah – well I knew where she were*
72. *JK: So you had to show her the way to go to get **Felicity**. And how long did your mum have to stay in hospital?*
73. *Frank: A day or two weren't it?*
74. *Faith: Just overnight*
75. *JK: And you went to see her – Was that the [M. Hospital]?*
76. *Faith: Yes*
77. *Frank: **Felicity** didn't go, **Felicity** was asleep. But he kept going down to the house*
78. *Faith: He got arrested, got sent to prison, no bail. And he kept coming back round*
79. *Frank: Then he kept coming back down my mum's first –*
80. *Frank: Then my mum and dad got back together and then they had an argument again and they broke up and then I met Fergus – then she met Fergus that's where we are now*
81. *JK: And how's that?*
82. *Frank: ...and he moved in*
83. *JK: And how does that feel for you?*
84. *Frank: I find it's much better living in the house we've got now*
85. *JK: So what makes it better?*
86. *Frank: Living with Fergus and my mum, and like and the house and they don't argue a lot and I can... and being able to like go out and play football with some of my friends and play out*

Omitted section

87. *JK (Frank) : And when you think back – do you – do you – have you got a sense of how it felt for your mum going through all of that? (yeah) What do you think was difficult for her?*
88. *Frank: Trying to keep us safe and trying to get those... and hoping that he won't come back*
89. *JK: And how do you feel looking back – about what **Frank** was going through?*
90. *Faith: Guilt – a whole lot of guilt because no child should have to suffer that and go through that and see that and it does er.... mess with your head a little bit. But at the end of the day I did the right thing and got out of the relationship and that's that... so you've got to put them first. I know he'd never hurt them physically and I know obviously it did hurt them seeing what was happening to me and all that... It were just all mental really for the children – which is not good.*

91. *JK: You must have felt a whole range of different feelings when it was all happening... do you remember what it was like?*
92. *Frank: I was scared and then I was confident and then I was upset and then I was kind of like wishing it hadn't happened and sitting in a corner and crying and crying.*
93. *JK: So when was it that you felt confident?*
94. *Frank: When I ran out and just started walking up to my mum's friend's house.*
95. *JK: So you knew what you were doing and why you were doing it and you knew that it was the right thing to do?*
96. *Frank: Yeah...*
97. *JK: and then very upset? And when was it that you felt like not going back and just crying and crying?*
98. *Frank: when my mum was in hospital*
99. *JK: Mum must have been very proud of you*
100. *Faith: Yeah we were all proud weren't we he got an award didn't you?*
101. *Frank: They gave me an award*
102. *JK: Who?*
103. *Frank: [School K]. I had to go to [prestigious city venue]*
104. *JK: Aah - So that was good - really nice! Your mum must have felt very proud*
105. *Frank: I got a photograph and a token*
106. *JK: So that's something that you've got for the rest of your life - Pride in what you did... what did you spend it on?*
107. *Faith: {inaudible} from W.H.Smiths*
108. *Frank: No. I...it were that film it were Woolworth's. It wasn't W.H.Smiths*
109. *JK: Did you feel a bit strange when they said you should have a reward?*
110. *Frank: No - well kind of - I felt really surprised because I didn't think I really deserved a reward*
111. *JK: And what do you think now? - d'you think you know if there was another kid who did what you did should they get an award?*
112. *Frank: Yeah*
113. *JK: For being brave and sensible and confident and all those things*
114. *Frank: Yeah*
115. *JK: So you know you've got those qualities inside you that can come out when you - when the going gets tough. What else would you like to say to other kids about it? What d'you think would be a lesson for other kids?*
116. *Frank: Just "Don't panic just go and find the nearest person and get them to phone the police" or whatever.*
117. *JK: And did you think he was going to hurt you at any time?*
118. *Frank: No*
119. *JK: That he was just very angry with mum?*
120. *Frank: Mm mm {nodding}*
121. *JK: And did he come back after that?*
122. *Frank: N... No*
123. *Faith: No, no he didn't the police had got him they got him the next day -he ran away*
124. *JK (Faith): But they got him the next day? (yeah) that's good. And then he got sent down?*
125. *Faith: The police were trying to get him to the Crown Court but the day he was getting sentenced and so on I was getting a check up at the hospital and everything was just a bit too late. It was the police that prosecuted him anyway - not me. But yeah they wanted to get at least 2 years for him, because he's just done it so many times and just*

- got away with it - so he got 6 months. It affected **Frank's** behaviour in the beginning because he was really angry weren't you. But to be fair they were tormenting him about his dad and what his dad had done and everything else.
126. **JK:** So did a few people know what had been happening? – and how did you feel about other people knowing?
127. **Frank:** Alright - It was just my friends... but then I got quite upset
128. **Faith:** The wrong people had been told. Then school tried to make out... tried to give him a label you know ADHD and everything like this he ... which we both got frustrated about because in the end of the day he'd had an ordeal and if people are taunting him he is going to lash out because he did try to walk away – didn't you but they kept coming at him and coming and he kept lashing out. Well I've got a few issues with that school with that business – I don't think that it's fair that just because the child has had a bad time and not dealing with it very well that they try and label him with a disorder – which is not the case. The child just needs to be listened to he was just frustrated because they weren't listening to and sorting out the boys who needed sorting out really.
129. **JK:** You must have felt very ... about the boys... Was it just boys? or have I assumed it was just boys?
130. **Frank:** No it was just boys
131. **JK:** So what would you say to another child about telling other people?
132. **Frank:** Make sure that you're careful who your talking to
133. **Faith:** Make sure you tell someone that you really trust
134. **JK (Frank):** And did the staff at school know what had happened? (yeah)
135. **JK:** And who told them – was it you that told them?
136. **Frank:** no they already knew
137. **JK:** Was that something that you talked to staff about?
138. **Faith:** Yes because he [Freddie] had been hanging around the school gates and I told them not to let him go with just anybody – just to go with the friend I'd sent for them.
139. **JK:** And how did that feel to you about not being allowed to go with your dad?
140. **Frank:** I wasn't really bothered because he never used to pick me up anyway.

Appendix F1: Family F Story

Edited by JK from transcripts, read and approved with minimal amendments by Frank and Faith.

Frank's Story

Frank and his mum and dad and little sister Felicity used to live near his dad's family. Just across the road were his grandparents, and his auntie and cousins were just round the corner. Frank used to go to his nanan's and play with the dog. At his auntie's he would go on Play Station with his cousins or sometimes they played tag or kicked the ball around outside. Frank used to do Karate – he doesn't do that any more.

Frank didn't have a very good time at his first school because there was a bit of racism – kids sometimes called him names, or were unkind to him. So when he was in year 2 his mum got him into a new school. It was a bit further from home, but it was alright because he had some friends there who had also moved from his old school. Then, because of the long journey on the bus every day, Frank's family moved to Morris Road – nearer to his new school. It was quieter there, and there was no family living around there at the time.

But living in the new house in Morris Road didn't make the family happier – in fact things got worse. Frank's mum worked a lot at that time – she started nannying for her friend Helen, and then took on some hours in Helen's pub. But Frank just remembered that his mum and dad were arguing all the time. His dad used to hit and beat up his mum all the time.

At last his mum felt like they'd had enough. She took the children with her and left – they went to stay with her friend Mark's daughter. But when she went back to the house to fetch some of the children's things she found that Frank's dad had put the deadlock on - on the front door - so she couldn't get in. She decided to go to a solicitor. The house was in both their names so there wasn't any problem - the solicitor said because Frank's mum was on the tenancy as well she did have the right to break in and lock him out because she'd got the children and needed a home for them.

Well as it happened she didn't even have to break in – she just got a spare key for the back door and the police were phoned and they made sure they were around when he got back from work. So they got the house back and tried to move on... BUT that proved a bit difficult.

Even after mum broke up with Frank's dad he carried on - he were trying to cause trouble. He was just there all the time. He smashed Mark's car up which was outside the house – he wrote it off. Then they got a new car and he slashed all the tyres on that.

But Frank didn't remember all of that – all that he remembered was the last time his dad beat his mum up and put her in hospital - That's the only time he remembered.

Every time they opened the curtains in the morning his dad would be there screaming and shouting through the window and kicking the door and...

One day

"My dad was hitting my mum and I ran out of the door and ran up to my mum's friend Millie's. I could feel my adrenalin pumping and I just wanted to get there as soon as I could – and I told them and then waited there and they called the police and the police took them and picked me up in the car and we got my sister from my nanan's.

"That's all I can remember and visiting my mum in hospital – I was staying at Millie's – we went to my nanan's to pick Felicity up and then went to Millie's. I was scared because my mum was in hospital and then I was upset and kind of like wishing it hadn't happened and sitting in a corner and crying and that's all – crying and crying.

"I think my dad had a bit too much to drink and he just kept hitting her with these ornaments – kept hitting and hitting her – with these ornaments that I bought from a jumble sale – they were hanging on the back of the door. The dog uses them to let us know when he wants to go out. He had those in his hand, in his fist. I bought them for my mum. I didn't know they were so lethal.

"I was scared at first but when I ran out and just started walking up to Millie's house I just felt confident – I knew I was doing the right thing."

Frank's dad didn't come back - the police had got him – they got him the next day – he ran away but they got him the next day. He got arrested, got sent to prison, no bail. The police were trying to get him to the Crown Court but the day he was getting sentenced Frank's mum was getting a check up at the hospital and everything was just a bit too late. It was the police that prosecuted him anyway – they wanted to get at least 2 years for him because he's just done it so many times and just got away with it – so – he got 6 months.

Frank's mum was quite badly hurt

"Well – my nose – this isn't my nose – I had a much nicer nose than this – it's all sort of gone open and I've got scars here -

My eyes – I couldn't open my eyes for about three-four weeks they were black for about six weeks. Completely – well it was more the right one wasn't it? – that I couldn't open?"

"I don't remember"

"Just bruises really – and cuts – But Yeah – and it were about six weeks when all the swelling had come down and all the bruising and stuff – it was there a long time. And even that knocks your confidence doesn't it – on your face - when you can't go out without..."

Especially when people are staring at you and you –

You know when I went to do the Christmas shopping you know – I was in Morrisons - and I – It was only like two weeks after it had happened so I looked terrible and I'd got sunglasses on you know and it was about seven o'clock in the evening and it were the winter time and you know people were just rubber-necking And I'm like – 'What are you thinking!' You know what I mean because that were – a bit seedy I'm like thinking 'Well just F off! You don't know what happened to me and if you want to make your own thing up well go ahead.'

And I didn't go up to school for a while – my friend used to pick them up."

Frank had seen some of what his dad had done before and sometimes he had heard what was going on. But he hadn't really talked to his mum about it. He wasn't too bothered after his dad got sent to prison – he felt glad that his dad got sent down – that he got a sentence – but he was upset that he wasn't going to see his dad for a bit. But now ... Frank feels older – he's moved on. He knows how hard it's been for his mum trying to keep everyone safe and trying to get through and hoping that Frank's dad won't come back.

When his dad was coming out of prison Frank and his family moved to a new house so his dad wouldn't find them. But they used to meet him in the park on the kids' birthdays. Then they told him where they lived. He kept coming to the new house at first. Then Frank's mum and dad got back together but then they had an argument again and they broke up.

But later

"I met Fergus – well she met Fergus - that's where we are now. He moved in and I find it's much better living in the house we've got now – living with Fergus and my mum. They don't argue a lot and I like being able to like go out and play football with some of my friends and play out. My dad lives in a flat on the Manor – well that's what I've been told – I've not seen him since last August."

"He don't want to know his son – nor his daughter – so ... We've tried haven't we, we've tried loads and loads and made arrangements but he never turns up – but that's his loss."

"I'm alright ... got past it now, I've moved on."

"Yeah we were all proud weren't we – you got an award didn't you?"

"Yeah, the school gave me an award. I had to go to the Octagon Centre – I got a photograph and a Woolworth's token."

"It was from W.H.Smith's"

"No it were that film I got from Woolworth's"

"I feel guilt – a whole lot of guilt because no child should have to suffer that and go through that and see that and it does mess with your head a little bit. But at the end of the day I did the right thing and got out of the relationship and that's that. So you've got to put them first – I know he'd never hurt them physically and I know obviously it did hurt them seeing what was happening to me and all that but I don't think he'd intentionally ever hurt them – physically. It were just all mental really for the children – which is not good."

Felicity knows what happened but she wasn't there much at that time - she was always staying at her grandma's or in bed asleep so she didn't really see what Frank saw and had to deal with it first hand really. But I don't think it's really affected Felicity apart from — I don't think it's really affected her mentally but she's probably sad and knows what her dad's done. I don't think her behaviour's anything to do with it like it affected Frank's behaviour in the beginning because he was really angry weren't you. A few people knew about what had been happening."

"It was alright when it was just my friends but then I got quite upset – you should make sure that you're careful who your talking to – make sure you tell someone that you really trust."

"The wrong people had been told and they were tormenting him about his dad and what his dad had done and everything else. Then school tried to make out... tried to give him a label you know 'ADHD' which we both got frustrated about. Because in the end of the day he'd had an ordeal and if people are taunting him he is going to lash out because he did try to walk away but they kept coming at him and coming and he kept lashing out. Well I've got a few issues with that school with that business – I don't think that it's fair that just because the child has had a bad time and not dealing with it very well that they try and label him with a disorder – which is not the case. The child just needs to be listened to. He was just frustrated because they weren't listening and sorting out the boys who needed sorting out. I'd told the school staff about the situation because his dad had been hanging around the school gates and I told them not to let the children to go with just anybody just to go with who I'd sent for them."

"I wasn't really bothered because he never used to pick me up anyway."

"I think you do miss him really – deep down – don't you."

"I'll just stay with Fergus."

APPENDIX F2
A POEM IN 2 VERSIONS

The Pain and the Struggle
by Frank

I didn't like what it came to
All the pain 'n' struggle I went through
My dad was tryin to fight
But my mum refused to bite
So I ran out the door
I ran up the hill
I felt like I was going to drop to the floor
I felt sick 'n' weezy
Don't forget it ain't easy
This project is to help others
'n' all the abused mothers
Why should we live in fear
Just cos someone's angry
Or had too much beer.

A POEM

**I didn't like what happened
All the shouting and slapping
So I ran up the street
I couldn't even feel my feet
I felt sick 'n' wheezy
I'll never forget – it ain't easy
So this project is to help others
'n' all the abused mothers
Why should you live in fear
Just because someone's angry
or had too much beer?**

Frank 2007