

# **The effects of domestic violence on the relationship between women and their babies: Beyond attachment theory**

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# Abstract

The basis for both feminist theory and attachment theory is human experience. Attachment theory looks at the development of the self in relationship. Feminism is concerned with women's relationship with self and others, the environments and the structures of societies. In this thesis I am particularly concerned with the experience of formation of relationships between women and babies in domestic violence. As such, knowledge from both fields is of value.

Feminist theory, informed by women's experience, underpins my knowledge of the effects of domestic violence on women and babies. Attachment theory, which focuses on the needs of babies in relation to their primary attachment figure, underlies the deliberation in this thesis. Research into the formation of relationships between women and their babies in domestic violence situations has, until now, been mainly within the positivist paradigm of attachment theory. As such there is a gap in knowledge about the formation of primary relationships sourced from the lived experiences of women who have mothered babies in domestic violence situations.

To acquire data from women's lived experiences, including their emotional experiences, I look to feminist standpoint theory to support a research design based in empowering relationships. Within a communicative space based in caring which established safety in trusting relationships, with and between participants, I use evolving and creative methods of data collection. In this way I bring deep and rich data based on the experiences of women to light so that policy and practice can be informed through women's knowledge. Simultaneously, the methodology and methods used enable the empowerment of participants.

Through analysis of the data collected it becomes clear that women form relationships with their babies in domestic violence within an environment of sustained hostility created by their abusive partners. In response to this environment women seek to protect their babies in a myriad of ways not recognised when traditional methods of enquiry are applied. Protection of their babies was of

paramount importance to the women in my study and I contest that in domestic violence primary relationships may be based in protection rather than attachment. However, the space to spend peaceful time relating to their babies was often constricted because of partners' antagonism towards the woman's focus on the baby. Although several women found ways to surreptitiously attain relational space with their babies others were prevented from doing so. All of the women saw relational space as important for their babies and themselves but all prioritised protection of their babies and they developed the relationship with their babies from that foundation.

The implications for policy and service provision that unfold from my enquiry highlight a need to work from a new paradigm when engaging with women and their babies and children in and after domestic violence. This paradigm utilises a strengths perspective to enquire about contexts, focus on protective feelings, thoughts and actions and to work across disciplines and services to make spaces available so that women and babies can relate in peace and safety.

# Declaration

I certify that this thesis does not incorporate without acknowledgement any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

Signed: .....

Date: .....

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# Chapter 1

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## **Situating the formation of relationships between women and their babies in domestic violence**

### **Introduction**

Infants witnessing family violence have care givers who are both frightening and frightened. In this situation infants usually develop the most severe kind of insecure attachment, the disorganised kind, because there is no way for them to develop organised strategies to feel safe as the people they need to help them feel safe are those who make them frightened. When the infant's anxiety is raised by abuse or threat of abuse, the infant needs to cling to the attachment figure, even if that person also frightens them. (Thomson-Salo & Paul, 2007, p. 187)

The apparent assumptions of the above quote trouble me because they do not correspond with my knowledge of women and their babies in domestic violence. Thomson-Salo and Paul are practising in a clinical setting within a child psychiatric unit of a major children's hospital whereas my experience has been in community settings. The perspective taken by Thomson-Salo and Paul assumes that in domestic violence all women are overwhelmed or unavailable because of fear and as a consequence women are unable to fulfil their part in forming a caring relationship with their babies. It is implied that women cannot consider their babies need for safety and reassurance and as a result babies born into domestic violence will be psychologically damaged because of deficits in a mother who is envisaged as fearful and to be feared. Yet the emotional complexities of forming a relationship with a baby in such difficult circumstances are not acknowledged.

While Thomson-Salo and Paul practice in Victoria, Australia in the state of South Australia where I live attachment theory currently dominates early intervention

programs across health, child welfare services and infant mental health initiatives. Policy and practices embrace attachment theory while professional training of nurses, occupational therapists, psychologists and social workers emphasise an attachment approach to work with clients. This premise is furthered by government and non-statutory organisations providing cross discipline training in applied attachment theory and encouraging the development of programs which implement this approach. These developments in South Australia are consistent with state and Federal initiatives around the westernised world (Organisation for Economic Co-operation and Development [OECD], 2001; World Association for Infant Mental Health [WAIMH], 2010).

Attachment theory is embraced by an infant mental health perspective where knowledge is formed from observation and survey. Within the populations included for services which apply attachment approaches are many women and children who are living with domestic violence. In this thesis which considers the relationships between women and their babies in domestic violence, rather than relying on observation and survey I develop knowledge by drawing on theoretical perspectives and methods of enquiry established by feminists identifying understandings in the lived experiences of women who have been subjected to abuse. Until now understandings about the formation of relationships between women and their babies in domestic violence have been formulated without input from women's lived experiences. Women's understanding of the context in which they live, the use of their agency and their perceptions of the emotional content of the relationships they form with their babies in domestic violence has been excluded from the building of knowledge. In this thesis I seek knowledge based in the subjective experiences, including the emotional experiences, of women who have formed relationships with their babies while in domestic violence. In keeping with this perspective I use the term babies throughout deliberately as this term, rather than the more clinical 'infant', is the one normally used by women.

In this chapter I describe how I came to be concerned about this knowledge gap about the formulation of relationships between women and their babies in domestic violence. I locate the historical positioning and I present definitions of attachment

theory. Concepts and concerns which influence attitudes to the formation of mother–baby relationships when babies are born into domestic violence are outlined and pertinent issues are raised. The research question and aims of this thesis are then defined.

## **A personal perspective**

My own feminist views which inform this thesis began in the 1980s when I was an activist and subsequently a national co-ordinator with Women’s Aid in Scotland. My passion to undertake this study began to take shape many years later when I was working as a social worker in Australia with an organisation which was rolling out a state wide population health program to address potential attachment issues between women and their babies. While the organisational mandate was to address mother–baby attachment issues, many of the women and babies receiving a service were living with domestic violence. Often the impact of domestic violence was missed or disavowed while the relationship between the woman and her baby was scrutinised. As is usual in the arena of infant mental health, the aim was to take the baby’s perspective while working to improve the relationship between woman and baby. Zeanah (1997a) writing of this approach captures the intention that “infant-caregiver relationships should be a centrepiece of assessment in infant mental health” (p. 182).

At national and international conferences, through training events and study I became increasingly conversant with attachment theory. I was, however, concerned that in theory development and debate, either domestic violence was not considered as a factor that may be impacting on women, babies and the relationship between them or, alternatively, myths which had long been refuted by feminists were being reiterated. Women’s voices were missing as expert views were applied. With regard to domestic violence it seemed that the field was ill-informed regarding the lived experiences of women and babies. My concern was that vital information which could contribute to understanding was being missed.

The situation regarding applied attachment theory brings to mind the image of a searchlight (Auerbach, 1953) which illuminates a small area while the rest is left in

dark. In this way most of the picture is unseen and that which is illuminated is distorted. With the need to shed some light on that which has been left in the dark, I explored what is known of the effects of domestic violence on ‘infant attachment’ and found that available knowledge came from a quantitative perspective, informed by observation, survey and expert analysis. In the cold light of scientific research I found scant reference to women’s circumstances, thoughts, feelings and actions as they tried to form relationships with their babies in difficult and complex circumstances.

This thesis originates from my concern that without a base which includes knowledge from women’s lived experiences of how domestic violence impacts on the formation of mother–baby relationships, theorists and practitioners follow the attachment field’s penchant for focusing on the mother’s own childhood for explanations. In this way assumptions are made about the woman’s current experiences or there is a failure to address issues related to recent domestic violence. I have seen that practitioners, who appraise women’s interactions with their babies from an attachment perspective which does not include a gendered analysis, apportion individualised responsibility. As Radford and Hester (2001) comment, regarding psychological research which takes an ‘objective’ approach “Labelled as poor, disturbed and deviant, women often find themselves being either blamed or victimized” (p. 138). This statement correlates with the quote from Thompson–Salo and Paul (2007) used to introduce this thesis which infers that women in domestic violence will be a source of fear for their babies. In light of such conclusions should not the impact of domestic violence on the formation of relationships between women and their babies be appraised from a paradigm which looks further and deeper than observation of women and their babies in isolation from their real worlds?

Before returning to this issue, in the next section I explore the development of attachment theory, the premises which underlie this paradigm and why attachment theory dominates the contemporary study of relationships between women and their babies.

## **Situating attachment theory**

Attachment theory was first developed by John Bowlby, a psychoanalyst and a child psychiatrist in 1950's, post war England and draws on concepts from ethology, biology, systems theory, cognitive therapy and psychoanalytic theory (Prior & Glaser, 2006). As Benjamin (1988) states "Bowlby offered psychoanalysis an understanding that we are, from birth social beings" (p. 17). From an ecological perspective Bowlby and his adherents believe the primary relationship between a woman and her baby to be an inherent survival system established to protect defenceless infants from physical threat and psychological harm. As such the need for secure attachment is viewed as an intrinsic part of the psyche. Bowlby (1980) extrapolated that the formation of an attachment relationship between mother and baby establishes a pattern exemplified throughout the lifespan but most evident in the behaviour of babies and young children. However, although Bowlby's theory is widely influential in policy and practice, as Contratto (2002) reminds us attachment theory is theory, not necessarily fact.

When Bowlby presented his ideas in the 1950s and 1960s they were a radical introduction to psychoanalytic thought. His belief that attachment behaviour was motivated by a third primal drive challenged the notions of conventional psychoanalysis which are based on Freud's theory that the drives for food and sex are the two subconscious forces. In therapy and in the development of theory the psychoanalytic domain focused on the imaginations and perceived fantasy world of adult patients. From the treatment of adult patients hypotheses were drawn about needs and drive activated from childhood (Bettelheim, 1983). Instead, Bowlby urged a focus on the real life experience of babies and children. In the face of criticism from many traditional psychoanalysts Bowlby promoted observation as a means of gathering evidence to prove his theory that attachment was the third primal need. He claimed that rather than extrapolating theory from interpretations of psychopathology presented by adults and working back to their childhood experiences, the observation of babies and children in the present was a more scientific approach to theory formulation (Bowlby, 1988).

In promoting research by ‘scientific observation’, as utilised in the field of biological sciences, Bowlby focussed on the ‘observable’ mother–baby relationship. However, as has been noted elsewhere “in empiricist psychometric approaches childhood is seen almost as context free and development is understood as linear and standardised” (France, Freiberg, & Homel, 2010, p. 5). Despite this, scientific methods which depend on data collected from observation and/or statistical measurement remain the preferred method of enquiry in the attachment field (Wallin, 2007; Goldberg, Grusec, & Jenkins, 1999a; Lewis, 1984; Main, Hesse, & Kaplan, 2005; Prior & Glaser, 2006; Trowell & Etchegoyen, 2002; Zeanah, 2000).

### **A patriarchal perspective**

While Bowlby’s work was ground breaking with regard to psychoanalytic theory, concerning gender issues Bowlby maintained a conservative stance with his ideas being “put to profoundly conservative use” (Contratto, 2002, p. 29). In his writing Bowlby chooses to use the male pronoun to cover both genders plus his prescribed role for women as mothers promotes a narrow, westernised, middleclass, perspective of mother at home caring for children while men as fathers support and provide (Bowlby, 1988). Particularly with regards to domestic violence Bowlby’s patriarchal perspective is apparent. Although Bowlby recognised that; “all too many women are battered by husband or boyfriend” (1988, p. 88), he did not differentiate between causal factors of child abuse and domestic violence. Bowlby chooses to situate violence as an expression of anger and in doing so disregards sociological causal factors. Through the lens of attachment theory he surmises that the purpose of violent behaviour is to “protect a relationship that was of very special value to the angry person” (Bowlby, 1988, p. 88). Bowlby does not challenge the status quo of the family or look outside the family to societal norms as a context for domestic violence. Rather, in keeping with conventional psychoanalytic thought, Bowlby takes an individualised approach and looks to the childhood of those concerned, situating domestic violence within an intergenerational cycle and ignoring the gendered nature of domestic abuse (Bowlby, 1988). The continuance of Bowlby’s perceptions within the current field of attachment will be explored later.

## **The development of attachment**

According to adherents of Bowlby's theory attachment patterns develop from birth, or before, with the relationship between mother and baby considered to affect the baby's brain development, wellbeing, relationships and interactions throughout the life-cycle (Main et al., 2005; McCain & Mustard, 1999; Prior & Glaser, 2006). Following this premise it is believed that proscribed standards of relationships between mother and baby are essential to maximise healthy development. Often described in the literature as 'care giver or parent', the attachment figure for a baby is acknowledged to most often refer to women as mothers because in westernised societies it is women who generally have responsibility for the care of their babies. Emphasis is on trans-generational attachment patterns with the focus on individual's experience of attachment in infancy with his/her mother. In this way attachment follows psychoanalysis by focusing on early disruptions in the primary relationship as causation of later difficulties. With regards to forming a dyadic relationship with her baby, a woman's own experience of being mothered is most often the focus of intervention (Wallin, 2007).

The debates and perspectives within attachment theory are complex and the field is still evolving. I do not claim to be an expert on attachment theory but, as with many health practitioners, I have knowledge of the theory as it applies to practice. Attachment theorists believe that secure early attachment offers the optimum conditions for a baby to grow into his or her full potential. The premise is that babies achieve secure attachment relationships when their mother provides a 'secure base and a safe haven', through sensitive and responsive care-giving (Ainsworth, Bichar, Waters, & Wall, 1978; Hoffman, 2006). The attachment categories in popular usage today are discussed below.

### **Secure attachment**

When a baby is encouraged and supported to explore, and is 'welcomed back' to be comforted by his or her mother, a secure attachment relationship is seen to be established. The roles of encourager and comforter are seen as equally important. Babies form secure attachment patterns when the mother follows the baby's needs,



responds to the baby's cues, takes charge when appropriate and provides the baby with empathetic cues. To quote from a popular professional education program about applying attachment theory, the woman as mother needs to be "always bigger, stronger, wiser and kind" (Marvin, Cooper, Hoffman, & Powell, 2002, p. 120).

## **Insecure attachment patterns**

When attachment is assessed as insecure it is perceived as less than ideal and the focus may turn to treatment so that the relationship can be 'repaired'. As mentioned previously the attachment field is complex with continuing debate regarding classifications of insecure attachment but there is general acceptance of three basic, observable, insecure attachment patterns (Prior & Glaser, 2006):

- avoidant
- ambivalent
- disorganised.

### **Avoidant attachment**

In avoidant attachment a baby actively or passively avoids his or her mother or shows little emotion. This is perceived as resulting from an inability of the woman, as mother, to provide a secure base from which her baby can explore, that is, the woman encourages her baby to explore but is inconsistent in welcoming, comforting or reassuring when the baby returns from exploring.

### **Ambivalent attachment**

In attachment terms, when a woman is not able to encourage her baby to explore, the baby may develop an ambivalent attachment pattern. In this situation, the baby remains emotionally dependant, reaching for comfort but unwilling to explore.

### **Disorganised attachment**

Where a baby experiences his or her mother as both comforting and frightening, as is alleged to be the case if the mother is frightened, the woman may be unable to provide a secure base or a safe haven. The baby may then be categorised as having a

disorganised attachment pattern with no consistent point of reference, combining ambivalent and avoidant behaviours or behaving erratically (Hoffman, 2006; Marvin et al., 2002)

According to Liotti (2005):

To the infant the expression of fear in an adult's face is in itself frightening. Withdrawing from the caregiver, however, means loneliness, and any threat of loneliness forces the infant to approach the caregiver because of the inborn structure of the attachment system (Bowlby 1969; 1988). Caught in this unsolvable dilemma, infants display a disorganised mixture of approach and avoidance behaviour towards the caregiver or else freeze or display defensive aggressiveness in the middle of a friendly approach; this is the essence of attachment disorganization. (p. 3)

The potential mental health problems for babies with disorganised attachment are seen as most concerning with predictions of borderline personality disorders in later life (Bateman & Fonagy, 2004; Liotti, 2005).

## **Assessing attachment**

As mentioned previously, attachment relationships are categorised as secure or insecure by observing patterns of behaviour. Attachment patterns are most often assessed in a structured procedure with set tasks, where mother and baby interactions are observed and coded by clinicians (Prior & Glaser, 2006). In the 1970s, Mary Ainsworth pioneered a 20 minute assessment tool for categorising attachment patterns which is named 'the strange situation procedure' (Ainsworth, Bichar, Waters & Wall, 1978). Ainsworth was lauded by Bowlby as having developed the technique which would support his theory and the strange situation procedure is still used extensively (Prior & Glaser, 2006).

In the strange situation procedure, the baby is observed in a room with his or her mother and a stranger. The baby is allowed to explore the room then the mother leaves the room. The mother returns to the room after a few minutes and is expected to comfort the baby. In some cases the mother and stranger then both leave the room

for three minutes before the mother returns and is reunited with her baby. The baby's and mother's responses and behaviours are critically examined throughout, with particular attention given to the interaction when the mother returns to the room (Ainsworth et al., 1978). Complex criteria are applied to assess attachment patterns and usually there is more than one therapist assessing the behaviours of mother and baby. However, regarding the strange situation procedure it has been noted that inter-coder reliability is only marginally reliable and the time spent observing is too short to exclude coders entering false negatives (Van Ijzendoorn, Schuengel, & Bakermans-Kranenburg, 1999).

Further, Ainsworth, as creator of the strange situation procedure, claimed that this procedure was not the focus of her assessments but an adjunct to lengthy periods spent in the homes of women and babies during her research (Ainsworth & Bowlby, 1991). Nonetheless, as Goldberg et al. (1999a) writes "the idea that a 20 minute laboratory session could replace hundreds of hours of home observations was naturally appealing" (p.481). As a result, Ainsworth's words have gone unheeded and the strange situation, with its quick efficiency, is now frequently used as the sole instrument of assessment or is partnered with a structured survey method in quantitative research studies. Ainsworth was dismayed by this development as she did not see the procedure as a thorough means of defining women's relationships with their babies (Ainsworth & Bowlby, 1991; Goldberg et al., 1999a).

Elsewhere concerns have been raised about the strange situation procedure's focus on mother and baby's behaviour in isolation from the real world. It has been noted that in an unfamiliar setting with no other attachment figures present the reliance is on one relationship to define the baby's attachment pattern. Therefore, no other attachment figure is considered and there is no indication of how the baby reacts to others in the family. In addition factors of poverty and levels of support are not considered as Anglo-centric, middleclass norms of childrearing are assumed. Opponents of attachment theory also express concern that the baby's temperament and life-experiences are not taken into account and point out that the experiences of mother and baby are decontextualised in a setting which is abnormal and disengaged from real life (Bliwise, 1999; Morris, 2005; Contratto, 2002).

Developments in technology now allow researchers and practitioners to film interactions of women with their babies thus removing themselves from the subjects of their research. Many of the experts who classify the relationship between women and their babies do not meet the women and babies who are under observation, let alone listen to their stories. Although the ‘strange situation procedure’ (Ainsworth et al., 1978) is still frequently used as an assessment tool, various other brief laboratory based observation scenarios have been developed for research purposes. It is now customary to video the procedure and analyse the content at a later time (Marvin et al., 2002; Zeanah, 2000). This represents a place of distance and detachment from the real world of lived experience. Yet, as Egeland and Erickson (1999) state “The development of attachment, like all human behaviour, occurs not in isolation but within a network of influences operating on many levels” (p. 4).

An ‘objective’ perspective can lead to misunderstanding and unawareness about experiences of forming relationships between women and their babies. With this in mind I concur with Finger, Hans, Bernstein and Cox (2009) that “Attachment research has much to gain from adopting a wider contextual and ecological approach to the study of parent-child relationships” (p. 302). With particular reference to the field of domestic violence, this point is valid because knowledge limited by focus on the mother–baby ‘dyad’ precludes consideration of the compromising context created by the abusive partner through perpetrating multiple forms of abuse. Not only may domestic violence be missed in entirety but, even if domestic violence is known to occur, the numerous constraints put on women and babies in domestic violence are not recognised. Within a positivist perspective assumptions are made about the nature of abuse. The multiple facets of abuse that create an exacting context for women forming relationships with babies in domestic violence are obscured when the focus is purely on the mother–baby dyad. Elsewhere it has been stated that “The family context needs to be examined as a backdrop for understanding parent’s caretaking behaviour and its effectiveness” (Braungart-Rieker & Karrass, 1999, p. 448). Nowhere is this illustrated more comprehensively than when domestic violence is an issue for women and their babies.

As Contratto (2002) surmises, “If we place the problem on early development and blame mothers, we can ignore our political responsibility for social change” (p. 33). Hence, in the domains of attachment theory, with its narrow lens which defines categories through a prescriptive assessment tool, responsibility can be apportioned to women as mothers and become a substitute for broader and deeper understanding (Gillingham & Bromfield, 2008). In the field of domestic violence this amounts to a limited comprehension of the emotional trauma and adverse life experiences in which women and their babies form relationships. This happens within a theoretical base which excludes the influence of the other parent or the relationship that the baby has with his/her father. In the next section I explore positions that attachment theory has taken with regards to fatherhood.

## **Attachment theory and fathering**

Bowlby (1982, 1988) hypothesised that in infancy, attachment to the mother, or primary caregiver is of most importance and attachment with others, including fathers or secondary caregivers, is more important later in childhood. Further, in current attachment literature, the role of men as fathers is described as providing a supportive role for the attachment relationship between the mother and baby. Alternatively, children’s frustrated attachment is considered to be caused by the father’s absence (Trowell & Etchegoyen, 2002). In newly devised observation techniques the focus is on the mother as ‘gatekeeper’ regulating the fathers’ relationship with the baby (Frascarolo & Favez, 2010). With regard to older children it has been mooted that a mother’s anxious attachment pattern predicts children’s insecure attachment to both mother and father (Doyle, Markiewicz, Brendgen, Lieberman, & Voss, 2000). Elsewhere, following observations of some non-westernised cultures who share care, an ideal of multiple attachments has been preferred. However, I note that female family members rather than fathers are expected to be involved in sharing the care of babies (Sims, 2009; Hrdy, 1999). In westernised countries the theoretical and therapeutic focus remains mostly on the mother–baby dyad in the first year of life (Sims, 2009; Baradon, 2010; WAIMH, 2010).

## **Women and babies as the focus for intervention**

In the field of attachment it is acknowledged that “the primary relationship itself exists within and depends on other multiple contexts” (Zeanah, 2000, p. 1). Yet, as I have noted, in reality the emphasis is on the mother–baby relationship. I do not refute that attachment theory makes a valuable contribution in recognising the important role of mothering and that babies have need of responsive care giving. However, I am concerned that indiscriminate applications of this theory mean that women and their babies are the focus of intervention without due attention to, or knowledge of, the contexts in which women form relationships with their babies. In domestic violence, if the woman and her baby are regarded in isolation, the environment is excluded from scrutiny and the lived context remains invisible. It is of equal concern that the affective experiences, which underlie behaviours, remain unidentified. Yet attachment theory is influencing the perceptions of policy makers and government agencies, hence affecting women and their babies across westernised societies. As noted:

Young children who develop secure attachments through positive caregiving are more likely to experience lower levels of stress and other associated benefits. In turn, they are more able to contribute positively to society and care for future generations. (Sims, 2009, p. 4)

Encouragement to embrace an attachment perspective is found in social policy and the allocation of government resources to programs which promise social wellbeing outcomes based on projections of fiscal savings (OECD, 2001; Sims, 2009). For instance, attachment theory is prevalent in public policies that promote a population health approach. Such policies orientate services to prevention and early intervention as a means of improving the health of the majority in the future, rather than focusing services towards the needs of those with the most severe disadvantage in the present. Within this policy framework there is a belief that investing resources in early childhood can reduce costs at a later stage of the lifespan (Sims, 2009; South Australian Government, 2003; Australian Research Alliance for Children and Youth,

2008; Commonwealth of Australia, 2008; OECD, 2001; Australian Government, 2004).

It is claimed that promoting secure attachment will lead to individuals contributing more positively to society and to the care of future generations. Thus, the wellbeing of society is claimed to rest on secure attachment (Sims, 2009). While not disputing the importance of prevention and the need for a focus on early childhood, I question the reliance on a premise that addressing attachment issues can allay society's myriad ills, across the lifespan, throughout time and in all levels of society. In Australia, attachment between parent (meaning mother) and child is a focus of the Australian Government's longitudinal study of Australian children (2008), which is the first wide-ranging national study of childhood in Australia. It purports to:

Assist governments to develop effective policies on early childhood issues, particularly on early intervention and prevention strategies in the areas of health, parenting, family relationships, early childhood education, child care and family support. (Commonwealth of Australia, 2008, p. 4)

However, of note is that this comprehensive study includes no mention of gender issues or domestic violence. The general term family conflict is mentioned as a factor affecting children but the burden of disease known to be an outcome from domestic violence is not considered (Victorian Health Promotion Foundation [VicHealth], 2004). Yet, as stated elsewhere with regards to domestic violence:

If we fail to consider the gender inequities that support and maintain such violence, we will, without doubt, fail in attempts to develop programs, policies and educational campaigns to address this highly prevalent and debilitating public health threat. (Reed, Raj, Miller, & Silverman, 2010, p. 351)

With a reliance on claims from the attachment field, the relationship between women and their babies is the focus of social and fiscal policy without reference to societal issues governing the circumstances in which such relationships are formed.

## **A feminist critique of attachment theory**

The present focus of public policies as outlined above fits with neo-liberal perspectives which negate gendered issues. In a world which is materialistic and individualised and where feminist social action has lost momentum, women with babies are not a powerful group (Caro & Fox, 2008). In this climate a conservative approach, which silences the voices of women that were previously encouraged by second wave feminism, flourishes. Gender is not considered in a population approach to policy formation and women's lived experiences are devalued by a perspective where allocation of resources focuses on the quality of babies' early attachment relationships to women as mothers without regard for the life world.

In light of the above feminists have taken issue with attachment theory describing the defined role for women as mothers as unreasonable, the emphasis on mothering as politically motivated and the rationale for focusing on mothering in isolation as patriarchal (Bliwise, 1999; Franzblau, 1999a; Contratto, 2002; Morris, 2008b). As Franzblau (1999b) states:

From the middle of the 19th century until the present, the relationship between infants and women has been explained using 3 grand narratives, psycho-analysis, evolution and positivism, which have been combined in the late 20th century to form the overarching narrative of attachment theory. (p.5)

Aligned with this definition attachment theory is perceived as following an essentialist history of patriarchal manipulation of women as mothers. Franzblau describes attachment theory as part of a continuum of politics which inform policies that “depoliticizes and removes from historical review the exploitative and oppressive conditions under which women reproduce and mother” (1999b, p. 29). There is now an acceleration of such political investment in supporting policies and programs that focus on perceived inadequacies of women as mothers. This approach compounds women's feelings of inadequacy and exacerbate feelings of low self esteem (Birns, 1999). Further in the field of attachment not only are women held responsible for the human condition but matriarchal lineage is seen as culpable



should psychological, social, interpersonal and behavioural difficulties occur at any stage of the life-cycle (Franzblau, 1999a).

In the twenty first century the dominance of attachment theory has accelerated and now applied attachment theory has become the antithesis of the idea that ‘it takes a village to raise a child’. While the contributions of psychoanalytic and evolutionary approaches have furthered knowledge of the internal workings of individuals and attachment theory has promoted the importance of relationships to human development, the emphasis has become emphatically on the relationship between women and their babies. In this way not only are others absolved of responsibility for children’s wellbeing but society and its institutions are excluded from accountability. The focus has turned to critiquing the actions of individual women and apportioning responsibility for human development on women as mothers (Birns, 1999).

Further, present attachment assessment and research relies exclusively on complex expert analysis and, as such, appropriates knowledge about women as mothers. The relationship of women with their babies was hitherto based in women’s knowledge and included appreciation of supportive roles in family and community (Birns, 1999). Now “mother/infant dyads” (Prior & Glaser, 2006 p. 29) are assessed in isolation and the relationship between women and their babies is described through observation and coded assessment with little regard for current experiences. To complete this process understanding is mysticised through use of technical terms and institutionalised discourses (Habermas, 1979). In therapeutic application, if the baby’s attachment is found to be insecure, women as mothers are disempowered in a process which focuses on the perceived clinical needs of their baby by searching for deficits in the woman’s observable interactions. Emotions, thoughts and voices of women are omitted. Deep understandings and knowledge about women’s perceptions of the foundations of the relationships between them and their babies remain hidden. As Bliwise (1999) notes regarding research which informs the development of attachment approaches:

Much of this research relies on traditional quantitative research rather than the interpretive methods of enquiry recommended by

some feminist scholars who see our task as moving the field away from the dominant models of discourse. (p. 45)

Interpretive methods continue to be excluded from attachment research where quantitative methods and expert opinions continue to predominate. Because of this knowledge in the field of attachment theory exclude feminist perspectives. Feminist methods of enquiry based in the lived experiences of women do not contribute to policy and practice concerning the formation of relationships between women and their babies. This signifies a division of knowledge between that held by attachment theorists and feminists.

## **A feminist approach to knowledge formation**

Following the above, in this thesis I am particularly concerned with the division of knowledge between attachment theory and feminist understandings of domestic violence. These understandings have been primarily developed through feminist research in praxis over the past forty years (Hesse-Biber, 2007). Such qualitative feminist research practices seek to base knowledge in women's voices. In this thesis I follow these research practices by seeking knowledge about the formation of relationships between themselves and their babies in domestic violence through accessing the voices of women.

I do this because I perceive as problematic the partitioning of domestic violence knowledge from policy and practice as a result of the attachment field's disregard for lived experiences of women who form relationships with their babies in domestic violence. As policy and practice emphasise a focus on the formation of early relationships without the contribution of a qualitative, feminist approach to research, women in domestic violence find themselves held responsible and silenced. With this in mind my research question is:

**How can knowledge of the formation of relationships between women and their babies in domestic violence be informed by the lived experiences, including the emotional experiences, of women who have given birth and mothered babies in domestic violence?**

The specific objectives are:

- 1. To gain knowledge from women's experiences about how the formation of relationships between themselves and their babies was affected by domestic violence.**
- 2. To review current theory applied to the formation of relationships between women and their babies in domestic violence from a feminist perspective.**
- 3. To gain insight into practice implications for work with women and their babies who form relationships in domestic violence, informed by the women who participate in the research.**

My research focuses on the formation of relationships between women and their babies in the first year of the baby's life because this is seen as critical time in the development of relationships. Within this paradigm the context, relationality and subjectivity which is excluded from current understandings is investigated.

The processes of my study are constructed to access women's voices about the formation of relationships with their babies in domestic violence. In relationship with and between participants I seek knowledge based in women's emotional expression. Hence, I include a feminist psychological perspective to describe my understanding of how women's experiences, including their affective experiences, are situated in relationship with others. In doing so I turn to experience in relationship to explain how relationships are a conduit for knowledge based in emotional authenticity. For the purposes of this thesis I define the affective experiences situated in relationships as 'relationality' (Benjamin, 1988; Chowdrow, 1999). I do this with concern about the objectification of women when, without their voices, their subjective experiences are unrepresented and their thoughts and actions are unknown.

In a climate where feminists contest the premises of attachment theory, feminist methods of enquiry which focus on women's voices have not been utilised to present an alternative paradigm. In this thesis I focus on women's lived experiences to fill this gap. I do this with the belief that understandings based in the context of life experiences lead to new perspectives and knowledge which can hold significant

benefits to women and babies in domestic violence. In undertaking this study I consider that there is a need to ensure that policy and practice do not fall into the trap of “ignoring the expertise of those who suffer most” (Fine, 2006, p. 90). It is with this in mind that my thesis focuses on the lived experiences of women and their babies to inform and to create knowledge for consideration by policy makers and practitioners from across health and welfare disciplines. As such the purpose of my research is to extend knowledge of the formation of mother–baby relationships in domestic violence by deepening, broadening and challenging current knowledge through insights based in women’s experiences.

## **Conclusion**

In this chapter I have problematised perspectives and methods of attachment which negate gender. I have introduced attachment theory which sits within a gender neutral psychoanalytic perspective. I explained why, in this thesis, I explore the formation of relationships between women and their babies in domestic violence from a perspective which looks more deeply and more broadly at the subject by creating knowledge from the lived experiences of women. In the next chapter I review the literature pertaining to this subject.

Through answering the research question and addressing the objectives the research aims to fill a gap in current knowledge. The influence of feminist understandings and the voices of women who have birthed and mothered babies in domestic violence situations are employed to assist understanding of the formation of relationships between women and their babies in domestic violence.

## Chapter 2

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# Exploring existing knowledge

### Introduction

In Chapter 1 I outlined the scope of this thesis, the concepts and context of the issues under scrutiny and my concerns about the limitations of policy and practice based on theory currently applied to the formation of relationships between women and their babies in domestic violence. I particularly focused on the absence of knowledge based in the lived experiences of women and their babies in domestic violence and I situated the research question and objectives of this thesis with this concern in mind.

In this chapter I define domestic violence from a feminist perspective that considers sociological and gendered cause and effect and I contrast this approach with the development and promotion of individualistic, psychologically based perspectives. I consider studies which inform current knowledge about women, babies, mothering and the formation of relationships between women and their babies in domestic violence. Views from attachment literature that delineate women's optimal mothering role are presented and I critique this approach to mothering from a feminist viewpoint. I conclude by problematising current knowledge about the effects of domestic violence on the formation of relationship between women and their babies before justifying the broader focus of this thesis.

### Positioning domestic violence

#### Domestic violence defined by feminism

Domestic violence is gendered abuse endangering women and children's physical, mental and emotional safety. It is well documented that women most often suffer persistent domestic violence and that children are harmed by living in situations where there is enduring abuse (Radford & Hester, 2006; The Benevolent Society,

2009; Australian Bureau of Statistics [ABS], 1996, 2005; Hegarty & Roberts, 1998; VicHealth, 2004; Walby & Allen, 2004). Positioned within a feminist understanding, domestic violence is defined as ongoing physical, emotional, social, financial and/or sexual abuse used to exert control and power by one partner over another in an adult relationship. This depicts a “constellation of abuse” (Dobash & Dobash, 2004, p. 334) where abusive acts consolidate to frighten, coerce and intimidate. It has been argued that forms of non-physical abuse have as great, or a greater, impact on women’s mental health, than physical or sexual abuse (Stark, 2007; McKinnon, 2008).

Informed by such findings, The United Nations and the World Health Organization view domestic violence as the greatest health risk to women in the world, known to occur in all countries and in all socio-economic strata of society with 25% of women experiencing domestic violence each year (World Health Organization [WHO], 2005; Heise & Garcia-Moreno, 2002). With regards to my study, it is of particular relevance that the risk of domestic violence is highest for women during pregnancy and following a birth (Taft, 2002) and that women with children are three times more likely to be subjected to domestic violence than childless women (Humphreys, 2007a).

In Australia large scale quantitative studies provide evidence which “shows unequivocally that this society is still beset by high levels of domestic and family violence” (Marcus & Braaf, 2007, p. 13). Family violence is included here as the term preferred by Australian Aboriginal people who situate domestic violence as complicated by colonisation which affects all aspects of family life and all Aboriginal communities (Taylor, Cheers, Weetra, & Gentle, 2003).

### **Politically positioning domestic violence**

As Yllo (2005) states, “Domestic violence cannot be adequately understood unless gender and power are taken into account” (p. 19). I follow Yllo in adopting a feminist understanding of domestic violence that considers social structures which support gendered inequity as being the primary cause of domestic violence. This perspective is informed by radical feminism which perceives domestic violence as

one way that patriarchy maintains dominance of women and children (Danmant et al., 2008). However, although radical and socialist feminisms in the 1970s first defined domestic violence as an issue of patriarchy (Hague Mullender, & Aris, 2004), post colonial feminisms stress that women are differently oppressed by compounding factors of race, culture, ethnicity, socio-economic class and sexual preference (Tong, 1998). Accordingly it is acknowledged that not all women in domestic violence are subjugated in the same way, or to the same degree. Therefore, in studies concerning domestic violence feminist researchers have focused on these differences and are addressing the challenges of differing components of multiple oppressions (Crenshaw, 2005).

### **A family violence perspective**

While feminist definitions and findings have been adopted by governments and international institutions, an alternative philosophical stance, which uses the term ‘family violence’ generically, has been regaining favour. This family violence perspective differs from the Aboriginal concept of family violence, mentioned earlier, in that it is applied to all women in all situations. Proponents of this generalised discourse situate domestic violence as an issue of family conflict undifferentiated from child abuse, elder abuse and abuse of parents by their offspring across all parameters of culture and race. This view follows a psychological perspective which “disregards the gender-based framework at the root of our understanding and consideration of domestic violence” (Reed et al., 2010, p. 348). Proponents of the family violence perspective promote individual or family therapy as treatment therefore fitting with the individualised, psychological approach favoured by the attachment field. Viewed as an issue of family dynamics and discord the emphasis is on the family as the context for violence and, akin to Bowlby’s (1988) view explored in Chapter 1 of this thesis, the societal issues of male power and control are not deemed relevant (Loseke & Kurz, 2005). The growing popularity of this perspective is concerning because:

Gender is a slippery construct, that is, if it is not front and centre within an analysis, it tends to become invisible. Just because some practitioners and theorists ignore or minimise gender (and its related

power imbalances) as a variable does not reduce its impact. (McPhail et al., 2007, p. 832)

Moves to deny the gendered nature of domestic violence are supported by a political discourse situated within the backlash against feminism (Reed et al., 2010; Dobash & Dobash, 2004; Johnston, 1998; Flood, 2006, 2010).

### **Negating a gendered approach; the Conflict Tactics Scales**

The family violence model referred to above, has been reinforced by the gender neutral findings of a research instrument named ‘the Conflict Tactics Scale’ (Straus, 1979). This survey questionnaire is favoured by large studies because it is simple, quick and easy to use and does not require skill or sensitivity on the part of the researcher (Dobash & Dobash, 1998). However, in similar vein to the strange situation procedure (Ainsworth et al., 1978) utilised by the attachment field, as described in Chapter 1, the conflict tactics scale sacrifices salient information.

The Conflict Tactics Scale (Straus, 1979), and an updated version, the Revised Conflict Tactics Scale (Straus, Hamby, Boney-McCoy, & Sugarman, 1996) are favoured in surveys by many researchers from the field of psychology as well as some government and large institutions despite, or perhaps because, they are the only instruments which find gender symmetry when used to measure domestic violence (Dobash & Dobash, 1998; Loseke & Kurz, 2005). Feminists have widely criticised the model, pointing out that:

- it is known that men and women underestimate men’s violence while overestimating violence by women, probably because of social expectations
- violence in self defence is not differentiated
- lack of opportunity for participants in the research to build a trusting relationship with the interviewer means they are likely to withhold sensitive information
- the context of the violence is not explored
- frequency of violent acts is not identified
- living in fear is not recognised as an issue



- women's sense of responsibility for violence is not investigated
- violence by former partners is missed
- such surveys may be refused by potential participants who are presently living in domestic violence

(Dobash & Dobash, 2004; Flood, 2006; Johnson & Ferraro, 2000; Johnston, 1998).

In addition, social, emotional and psychological effects are not acknowledged plus understanding of violence from the victims' and perpetrators' perspectives are missed. The Conflict Tactics Scales (Straus, 1979, Straus et al., 1996) do not identify that most women understand violence as control while many men who perpetrate domestic violence consider their actions as justified in terms of their right to control (Loseke & Kurz, 2005). Thus, this instrument creates a simplistic, distorted view which contrasts with many feminist informed research methods which are labour intensive because they are designed to elicit deep and meaningful data in relationship with research participants (Chinn, 2003; Devault & Gross, 2007). In effect, The Conflict Tactics Scale is an example of how research can mislead and distort societal issues when research design is contrived by scientific instruments which exclude subjective thoughts, feelings and perceptions (Flood, 2006; Dobash & Dobash, 2004). This evokes concerns with the strange situation procedure (Ainsworth et al., 1978) as both, through claims of a scientific approach, disregard lived experiences.

## **Questioning intergenerational cause and effect**

The family violence and the attachment fields share a common belief that domestic violence has an intergenerational causation with expectations that children born into domestic violence will proceed to violent behaviours within relationships when they become adults (Lieberman & Van Horn, 2005). This supposition is refuted when qualitative research studies explore the lived experiences of women and children in domestic violence (Humphreys, 2006; Radford & Hester, 2006; McGee, 2000; Kelly, 1988). However, an intergenerational theory infers that there is an identifiable set of families who can be treated by professionals in order to prevent domestic violence in the future. Evidence is not strongly supportive of this perspective. A meta-analysis of

published and unpublished studies found “a weak to moderate relationship between growing up in an abusive family and becoming involved in a violent marital relationship” (Stith et al., 2000, p. 640). Further, a separate large American study found that 71% of perpetrators of domestic violence had not witnessed domestic violence as children (Roberts, Gilman, Fitzmaurice, Decker, & Koenen, 2010). Elsewhere, it has been found that those who grow up with violence are likely to be vehemently opposed to violence (Lackey, 2003). This does not infer that children who grow up with violence are unaffected, only that the determinants of domestic violence cannot be simplistically situated within a model which disregards societal context and absolves society and its institutions of responsibility. As stated elsewhere “Psychological perspectives pose simple solutions to complex problems, focuses on repairing the individual and do not challenge society to make changes” (Stith et al., 2000, p. 45). Attachment theory embraces a family violence perspective and the intergenerational transmission perspective that offers one path and one principal for human development and interactions in relationships (Gillingham & Bromfield, 2008).

## **Contested assumptions**

Within the family violence and attachment theory approaches there is an erroneous assumption that women who are living in domestic violence will become violent to their children. Lieberman and Van Horn (2005) introduce their book *Don't hit my mommy* with the quote “My daddy makes my mommy cry and my mommy makes me cry, and that is how it works” (p. 1). As with the quote which introduced my thesis, this text for service providers links family violence and attachment approaches encouraging readers to perceive women in domestic violence as prone to abusing their children. This is contested by current research which situates knowledge in lived experience (Humphreys, 2007b; Lapierre, 2008; Radford & Hester, 2001, 2006; Kelly, 1988). Through employing qualitative research methods that ask women about their experiences it is identified that women find many ways to try to protect their children in domestic violence. Further, women’s reasons for leaving or staying are often related to what is best for the children. Radford and Hester (2006) in drawing from findings of six British and European studies which

they had completed over a decade, found that a third of women felt pressured to keep the family together for the sake of the children while another third (approximately) left because of concerns about the effects of the violence on the children.

In light of such findings feminists contend that positivist research applied to mothering in domestic violence, as utilised by family violence and attachment researchers, leads to incorrect suppositions that misrepresent women and silence their voices by apportioning blame (Bliwise, 1999). With regard to the effects of domestic violence on children, a feminist perspective posits that the influence of supportive relationships, personality traits, later life events, influences of gendered culture and societal institutions must be taken into account (McGee, 2000; Casanueva, Martin, Rinyan, Barth, & Bradley, 2008; Radford & Hester, 2006).

## **The development of a feminist approach**

The pursuit of knowledge regarding the incidence and impact of domestic violence relates to my research question because developments in this area show how the contribution of women from their lived experiences generates understanding (Dobash & Dobash, 1992; Radford & Hester, 2006). As has been noted:

Feminist anti-violence activities have a foundation in extensive knowledge, standards, ethics and political analysis that are all built on the experiences of women, not as patients or clients, but as members of a social change movement. (Bonisteel & Green, 2005, p. 31)

In contrast to the attachment field's scientific approach, feminist theory about domestic violence is understood within a societal context of power and control informed through the lived experiences of women which continues to resonate with women seeking help today (Loseke & Kurz, 2005). In part the ability of this knowledge to connect with women today is because it is congruent with women's emotional experiences, offering authenticity and perception not availed through applied scientific research (Harding, 2007; Jagger, 1996). In research which takes a subjective, feminist approach women are encouraged to include insights based in

emotions. In this way participants are able to authentically locate real life struggles and fill gaps left by scientific research.

The women's movement, which was the backdrop for feminist anti-violence activities, was part of a social revolution which challenged many aspects of established thought. As outlined in chapter 1 of this thesis, within a feminist perspective attachment theory is seen as a discourse which prescribes a narrow and conservative role for women as mothers and promotes beliefs which extend the objectification of women (Birns, 1999; Contratto, 2002; Franzblau, 1999). It is not surprising, therefore, that there is little engagement between the fields of feminist knowledge of domestic violence and attachment theory.

## **The division between two approaches**

This thesis is necessary because attachment theorists have not embraced feminist research and, simultaneously, the attachment field has been treated with suspicion by feminist researchers who perceive attachment theorists as mother blaming (Birns, 1999; Morris, 2005). This division between the two fields of research leaves a gap in knowledge where women's voice concerning the impact of domestic violence on the forming of relationships between themselves and their babies is absent. In the next section I describe current knowledge about women and babies in domestic violence because my research concerns both women and babies and is situated amid knowledge of the range of direct effects of domestic violence.

## **The consequences of domestic violence**

My research question concerns how domestic violence impacts on the relationship between two people. It is pertinent therefore to look at what is known of the direct effects of domestic violence on both women and babies before considering the current knowledge of effects of domestic violence on the mothering role and the formation of the relationships between women and their babies.

## **Domestic violence: effects on women**

Studies from both quantitative and qualitative perspectives indicate that domestic violence impacts on women with many negative effects on the physical and mental health of women. It is known that, apart from physical ramifications, there are mental and emotional effects of domestic violence that include loss of self esteem and decision-making ability, depression, anxiety, phobias, self harm, somatisation, post traumatic stress disorder and dissociative disorders (Dobash, 1992; Hegarty & Roberts, 1998; Klevins, 2007; Laing, 2000; Marcus, 2007; Mouzos, 2004; Roberts, 1998; ABS, 1996; Graham-Bermann, 1998). This literature is now extensive

According to one large, Australian quantitative study, which was based on a population survey, 30% of women experiencing domestic violence suffer from depression while 23% report anxiety disorders (Access Economics, 2004). Post traumatic stress disorders can also result with women experiencing nightmares and sleep disturbances, intrusive thoughts, emotional detachment and anxiety (Hughes & Jones, 2000). In a study of long term effects of domestic violence it has been found that 17% of women who participated in the study suffered from agoraphobia while 15% has an obsessive compulsive disorder. A further 10% suffered from eating disorders (Evans 2007).

In a qualitative study of women experiencing domestic violence 76% of the women interviewed reported that depression affected their parenting (Abrahams, 1994). Elsewhere, in other research studies the effects of domestic violence on women's mental health are seen to make mothers emotionally unavailable to their children (Humphreys 2007a; Mc Gee 2000).

## **The effects of domestic violence on babies and young children**

Similarly, it is uncontested that domestic violence impacts on the social, emotional, cognitive and behavioural development of babies and young children with studies conducted using various philosophical approaches and methods (Dejonghe, Bogat, Levendosky, Von Eye, & Davidson, 2005; Huth-Bocks, 2004; Jaffe, 2000; McDonald, 2007; McGee, 2000; Osofsky, 1999, 2004; Lieberman, 2005; Holt,

2008). For example, a study by Lieberman, Van Horn and Ozer (2005), conducted in America, recruited 85 preschoolers and their mothers who had been referred to an early childhood mental health program because the child had difficulties after exposure to domestic violence. The mothers of the preschool children were interviewed utilising six separate psychological questionnaires which found that young children's behaviour was adversely affected by witnessing the violence as well as by the effects of violence on their mothers. In a separate American study of 89 babies exposure to domestic violence was found to heighten babies' distress to verbal conflict in general independent of the temperament of the baby. In this study the babies were tested for their response to an angry phone conversation (Dejonghe, et al., 2005). According to some psychology based studies, babies may also have symptoms typical of post traumatic stress disorder, including sleep disturbances, night terrors, separation anxiety, aggressiveness, hyperactivity, emotional detachment and constriction (McAlister Groves, 1995; Osofsky, 2004).

### **Attention to variables**

Elsewhere it has been noted that the effects of domestic violence on babies and young children may vary depending on internal and external influences. Individual temperament, intelligence and ability to engage are cited as internal variables while secure attachment, strong relationships with others, community and cultural supports are identified as external variables influencing the outcomes for individual babies (Gewirtz, 2007; Laing, 2000). Following this, in conclusion to a Canadian meta-analysis of the effects of domestic violence on children, it is noted that:

The field is beginning to move away from epidemiological studies emphasizing prevalence and extent of clinically significant problems, towards a more refined developmental focus on the interaction of risk and protective factors that mediate the impact of exposure to domestic violence. (Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003, p. 185)

Thus, the impact of domestic violence on children is beginning to be seen as exacerbated or minimised by other factors. Although these are not identified in this meta-analysis a later review of the literature identifies age, gender, personality,

socioeconomic status and severity plus co-existence of different forms of abuse as risk factors. Protective factors are identified as social supports, positive relationships with siblings, a secure attachment with the non-abusive parent, and self-esteem gained through excelling in activities external to the home (Holt, Buckley & Whelan, 2008). Elsewhere, research within the field of infant mental health has begun to diversify into considering babies' brain development in traumatic situations (Rossman, 2001). However, it remains to be seen how effects of such variables are identified and perceived by this form of investigation.

## **Neurological research re babies in domestic violence**

In the emerging field of neurological research regarding infant mental health it is identified that there are effects of trauma on the developing brain (Schoore, 2002, 2009; Rossman, 2001). Exposure to trauma, such as domestic violence, is believed to change the wiring in the growing brains of babies possibly leading to later difficulties. Trauma is seen to raise the level of the stress hormone cortisol so that the frequently activated stress system in the brain is overloaded at a time when the brain is growing rapidly and not equipped to deal with extensive stress. Hence a baby's development may be compromised by exposure to ongoing violence, whether or not they are the target of the violence (Rossman, 2001; Lieberman, 2005). However the neurological focus with regard to child development is a very new field and there is evidence that the brain is able to rewire well beyond infancy (Lebel, Walker, Leemans, Phillips, & Beaulieu, 2008). Consequently despite effects of violence it is not known if the brain will find new pathways to compensate for such overload.

Sims (2009a) points out that "common interpretations are significantly limited by our strong national culture of patriarchy" (p. 1). Sims, commenting with regard to explanations of neurobiology results concerning child development, refers to neo-liberal ideology that centres research on scientific methods which support narrow conservative family values. In the field of neurological research I postulate that interpretations are no less influenced by the ideologies of the researchers than in other scientific methods.

A further point worth noting with regards to neurological research concerning babies in domestic violence relates to the adverse effects of poverty on brain development. Many research studies concerned with the effects of domestic violence uses data collected from women and their children who are living in poverty. However, the effects of poverty on brain development are only now being investigated (Farah et al., 2006; Najman et al., 2004; Hackman & Farah, 2008). When sampling from poor communities, adverse effects of poverty may be impacting and compounding any effects that domestic violence may have on the brain.

## **Women's mothering in domestic violence**

As well as the effects of domestic violence on children, study concerning women's abilities to fulfil the mothering role in domestic violence is pertinent to my research question. Such abilities are seen to affect the relationship between women and their babies and relate to behaviours under scrutiny when attachment approaches are applied. However, contrary to enquiry concerning women and babies in domestic violence where there is consensus about the negative effects of domestic violence, studies which focus on women's role as mothers in domestic violence situations have divergent findings. Some studies which focus on mothering in domestic violence claim consistent ill effects, while others claim no effects or that the degree of effect varies depending on environmental factors. There are also a number of studies which refer to positive effects of domestic violence on mothering as some woman compensate for the violence by being assiduously consistent with and attentive to their children. These varying results are outlined below.

## **Negative effects of domestic violence on mothering**

Studies in Canada, Israel, the United Kingdom and America, have found evidence of harmful effects of domestic violence on women's mothering ability with stress, difficulty in decision-making, numbing, depression and anxiety impacting on mothering abilities (Buchbinder & Eisikovits, 2004; Levendosky, Huth-Bocks, Shapiro, & Semel, 2003; Jaffe & Crooks, 2005; Abrahams, 1994). In one British survey of 108 women experiencing domestic violence 76% of the women reported that depression affected their mothering ability. In the same sample 61% of the



women believed that their own feelings of fear affected the children (Abrahams, 1994).

Elsewhere the effects of domestic violence on women's mental health are perceived to affect women's emotional availability to their children (Huth-Bocks, Levendosky, Theran, & Bogat, 2004; McGee, 2000). In a study of 120 women and their children in domestic violence Levendosky and Graham-Bermann (2001) conclude that "Even if the mother is able to maintain adequate parenting the changes in her affect and mood could have deleterious effects on her children's emotional well-being" (p. 184). This study also deduced that domestic violence leads to less warmth in mothering of school age children. However, it is also identified in this study that variables such as lack of social supports and experiencing adverse life events impact on women's ability to mother in domestic violence.

In research by Graham-Bermann and Levendosky (1998) women mothering 3 to 5-year-olds in domestic violence saw themselves as less effective as mothers than women who did not have violent partners. This research was conducted by interviewer read questionnaires which did not enquire about women's self esteem. I mention this because it is feasible that women's views of their capability as mothers were linked to low self esteem caused by living with violence rather than to actual mothering ability. Indeed, in this study the authors found that women are less likely to describe their mothering in a negative light if they had left the abusive partner. Hester, Pearson, Harwin and Abrahams (2007) suggest elsewhere that once women and children are safe a healthier relationship between mother and children can be achieved.

### **No effects of domestic violence on mothering**

In contrast to the above I found two studies which identify that domestic violence has no effects on mothering. Research by Casanueva et al. (2008) accessed an American national database to track and offer interviews to 1,943 women as mothers of children who had been investigated by child protection services. This study found that domestic violence did not impact on women's ability to mother. The authors conclude; "Contrary to much lore, the experience of being the victim of violence

does not increase the likelihood of diminished parenting” (Casanueva et al., 2008, p. 420). Parenting ability was assessed through observation and questionnaire assessing women’s behaviour, activities undertaken with the children and women’s responses to their children. In this study the findings are generalised to the population as a whole although all participants had been investigated for maltreatment of children and were from a low socio-demographic grouping. Another study which recruited women from varied socioeconomic backgrounds found “no direct association between postnatal IPV (*intimate partner violence*) and parenting behaviour” (Dayton, Levendosky, Davidson, & Bogat, 2010, p. 220). This study used questionnaires, interview and observation as methods to assess 164 women, half of whom had been subjected to domestic violence.

### **Positive mothering despite domestic violence**

Counter intuitively three studies find that domestic violence has positive effects on mothering. Levendosky et al. (2003) tested the relationship between 103 women in domestic violence and their pre schoolers by utilising multiple questionnaires. They note that many women seem to be very effective mothers and that mothering abilities mediate against the effects of violence. Levendosky, Leahy, Bogat, Davidson and Von Eye (2006), in another study concerned with the mothering of babies, found that women in domestic violence situations can and do provide protection for their babies when they are able to secure their own mental health. In addition this study established that past domestic violence did not affect women’s mothering. Similarly, Sullivan, Nguyen, Allen, Bybee and Juras (2000) found that women and their school age children agreed that the women were emotionally available to their children. Sullivan et al. (2000) call for a focus on women’s strengths and they assert that despite domestic violence women are able to use their agency to protect and care for their children.

A longitudinal analysis of 208 women’s mothering in domestic violence, which followed Canadian children from 24–48 months to 12 years old, found that women’s supportive relationships in the community may mediate for violence at home. This study found “consistent mothering in measures of positive discipline, warmth and nurturing when women were supported” (Letourneau, Fedick, & Willms, 2007,

p. 650). Other research studies identify resilience fostered by supportive factors of secure relationship with mother or support from other adults as providing protective factors for children in domestic violence (McDonald, Jouriles, Briggs-Gowan, Rosenfield, & Carter, 2007; Dejonghe et al., 2005). Several studies also refer to the baby having a secure attachment to the mother or another adult as the most consistent protective factor for children in domestic violence (Levendosky & Graham-Bergmann, 1998, 2001; Osofsky, 1999; Radford & Hester, 2001, 2006).

### **The impact of research hypothesis**

The range of findings described above suggests that the study of mothering in domestic violence may be influenced by researcher's hypothesis and subsequent research design. In criticism of feminist researchers it has been suggested that positive findings regarding women's mothering in domestic violence is caused by 'political correctness' which refrains from further victimising women (Buchbinder & Eisikovits, 2004). This view assumes that researchers who report negative findings are unbiased in their approach. Yet, studies of mothering in domestic violence undertaken from a psychological perspective have largely been based in a deficit model of mothering where researchers are expecting and looking for underperformance and inability in women's mothering (Lapierre, 2008). Lapierre (2008) asserts that psychology based, quantitative methods paint only the part of the picture related to disadvantage and detriment. He proposes that feminist research, which paints a more holistic picture, can lead the way to less mother blaming and encourage more supportive services for women and children affected by domestic violence. This perspective corresponds with work of feminist researchers who have focused on the strengths of women and children in domestic violence and write extensively about the need to offer support and encouragement rather than blaming women (Humphreys, Mullender, Thiara, & Skamballis, 2006; Humphreys, 2007a, 2007b, 2010; McGee, 2000; Radford & Hester, 2001, 2006). In the next section I illustrate how studies which have consulted women about their lived experiences differ from the preceding studies.

## **Women's view of mothering in domestic violence**

Mullender et al. (2002) in a mixed methods study undertaken in the United Kingdom, notes; "Women describe how being hyper vigilant, 'constantly on guard', as well as the violence led to exhaustion and therefore less energy for the children" (p. 160). Through in-depth interviews this study found that women's mothering was adversely affected by anxiety, exhaustion, and fear but also that women adapt their parenting in attempts to protect their children. The researchers identify that:

As a consequence, how women mothered had been oriented not around what they felt and believed was good for children but around efforts to limit harm to themselves or their children. (p. 159)

Levendosky, Lynch and Graham-Bergmann (2000), in America, use a qualitative, semi-structured interview to ask women to describe their experience of mothering in domestic violence. This study, which recruited mothers of 7- to 12-year-olds, included women who were still living in domestic violence as well as those who had been in domestic violence at some time since their child was born. The majority of the women thought that their mothering was affected by domestic violence but, contrary to the researcher's expectations, the women described positive as well as negative effects. In some instances; "the women mobilized their resources to respond to the violence on behalf of their children" (Levendosky et al., 2000, p. 266). The range of effects described by women in this study includes:

- less emotional energy for their children
- less time for mothering
- reduced motivation for pleasurable activities with their children
- less patience with the children
- less tolerance
- more anger
- violence towards the children

and conversely:

- a commitment to ensuring they were not negative towards the children
- increased protectiveness
- a will to develop strategies to lessen the effects of the violence
- active concern to bring children up to shun violent relationships
- feeling increased empathy to their children
- less anger towards the children
- spending more time with the children
- ensuring consistency (Levendosky et al., 2000).

The range, depth and breadth of these details are not acquired in research which utilises survey methods or observation. Levendosky et al. (2000) note that variety in the content of women's narratives illustrates the need to attend to lived experiences. They also recommend interviewing women a year after they have left the abusive relationship by which time women will have had space to reflect on and organise their thoughts and feelings. The methods employed enable a deeper analysis that includes women's agency and their abilities to arbitrate the effects on their children. As is demonstrated in the next section research concerning the formation of relationships between women and their babies in domestic violence has so far been undertaken from a different perspective.

## **Research into the formation of relationships between women and their babies in domestic violence**

### **Considering the development of relationships during pregnancy**

The development of a relationship between woman and baby before the baby is born is pertinent to my research question because women's representations of unborn children have been linked to later relationship patterns. According to Huth-Bocks et al. (2004) women with negative thoughts and feelings about their unborn child and themselves as mothers are more likely to form an insecure attachment relationship to

their baby following birth. With regard to domestic violence during pregnancy, four quantitative studies have found a link between domestic violence and negative representation in pregnancy perceived as leading to later insecure attachment.

### **Negative representation in pregnancy**

Firstly, an American antenatal study of 206 women, describes pregnant women in domestic violence as having “significantly more negative representations of their infants and themselves as mothers and were significantly more likely to be classified as insecurely attached than women who had not experienced domestic violence” (Huth-Bocks, Theran & Bogat, 2004, p. 79). Although 33% of the women in domestic violence had a secure attachment to the baby during pregnancy the reasons for this are not explored. Rather the researchers state that women in domestic violence have:

less flexibility in openness to change, less coherence, less caregiving sensitivity, less acceptance of the child, greater perceived infant difficulty, less joy, more anger, more anxiety, more depressive affect, and less feelings of self-efficacy as a caregiver. (Huth-Bocks et al., 2004, p. 88)

Another American study examined women’s representation of their babies during pregnancy and later, when the babies were 12 months old. Maternal representation is defined here as “mothers internal subjective experiences of their relationships with their children” (Berlin, Ziv, Amaya-Jackson, & Greenberg, 2005, p. 253). Of 180 participants in this study 44% had experienced domestic violence in pregnancy. Researchers coded interviews for balanced or non-balanced representation and stability of representation over time. In this study balanced representation was defined as the woman showing negative and positive feelings, supplying details and seeming to be engaged in thinking about the baby. It was found that women who became non-balanced in their idea of their babies were more likely to have been abused by their partners during pregnancy. The researchers hypothesise that women may be at risk of developing non-balanced representations of their babies because of distress caused by guilt at depriving the baby of a father, anger and shame about the abuse, or by a reactivation of earlier trauma from the mother’s childhood. However

these are the researchers deductions, the women who participated in the research were not asked for their thoughts or perceptions.

Studies in Europe and Australia also indicate adverse affects of domestic violence on the relationship between women and their babies pre and post birth. In a United Kingdom study by Zeitlin, Dhanjal and Colmsee (1999) of a sample of 38 women, the women who were abused 'bonded' less well with their unborn babies and this continued after the birth. Similarly an Australian study by Quinlivan and Evans (2005) investigated the impact of domestic violence and drug taking on attachment between pregnant teenagers and their babies and states that for this group of under 18-year-olds there were differences in maternal attachment to the babies at six months old when the young women were in domestic violence. This study of 150 young women identified that 36 of the participants had been subjected to violence during pregnancy. However, the term domestic violence is used in this study to include violence by any family member, plus, 30% of the participants described as experiencing domestic violence were homeless. Through analysis of questionnaires the researchers indicate that, at six months old the babies born to women in domestic violence had a significantly lower attachment score. The authors deduce that:

Failure to achieve equilibrium in maternal attachment scores at 6 months of life places some infants in vulnerable positions, with the very person upon whom they depend perhaps being unable to respond adequately to their specific needs. (Quinlivan & Evans, 2005, p. 198)

The many social issues impinging on participants as a group of very young, pregnant women are not identified or explored. For example, the implications of youth homelessness for mother–baby relationships and the correlation between being young, pregnant and exposed to domestic violence are not considered.

### **Protective feelings**

In contrast a qualitative study which explored maternal-foetal attachment with ten women some of whom were in domestic violence uncovered dissimilar results.

Unstructured, participant led interviews were undertaken with the women in their final trimester of pregnancy (Sandbrook & Adamson-Macedo, 2004). This research focused on women's thoughts and feelings regarding their unborn babies and found that pregnant women felt overwhelming protectiveness towards their foetuses rather than love. The researchers interpret love as representing attachment. They hypothesise that protectiveness was felt because it is an innate condition whereas attachment is developmental, leading to love as "an emotional reaction to environment and physical experiences" (Sandbrook & Adamson-Macedo, 2004, p. 175). This is contrary to the premises of attachment theory. The researchers note that protective feelings were heightened by fear of harm to the foetus.

Other research has focused on the relationships between women and their babies in domestic violence following the birth of the baby. In the next section I describe these studies.

## **Research concerning the formation of relationships between women and babies after birth**

### **Seminal research**

Although domestic violence is recognised as affecting women, babies, mothering, and maternal representations during pregnancy, there is scant research focusing on the formation of relationships between women and babies in domestic violence following the birth of a baby. The seminal research classifying attachment patterns of babies who were in domestic violence was published in America by Zeanah, Danis, Hirshberg, Beniot, Miller & Scott Heller in 1999. This research is frequently cited in attachment literature (Gewirtz & Edleson, 2007; Huth-Bocks et al., 2004; Levendosky, Huth-Bocks, & Semel, 2002; McDonald et al., 2007).

Zeanah et al.'s (1999) research was conducted with 72 women as mothers of 15 month old babies. The participants were revisited when the babies were 24 months old. The women are described as high risk in that they were living in poverty with 88% on welfare payments. Measurement of domestic violence was taken using the conflict tactics scale (Straus, 1979) and the introductory procedure



was the strange situation (Ainsworth et al., 1978), both described earlier in this thesis. Home visit interviews were conducted by interviewers reading out questions with the purpose being “to control for possible differences in reading levels” (Zeanah et al., 1999, p. 84). Home visits were videoed for coding purposes.

This study found that only 37.5% of the 72 babies affected by domestic violence had a secure attachment pattern which compares with estimates of 65% securely attached in the general population (Prior & Glaser, 2006). Of the total sample of babies 56.9% were classified as having disorganised attachment patterns. That is 91% of the babies described as insecurely attached. Elsewhere results of a meta-analysis found that correlation between maltreatment and disorganised attachment among young children who had been abused or neglected indicates that 48% had a disorganised attachment pattern (Van Ijzendoorn, Schuengel, & Bakermans-Kranenburg, 1999). As noted in Chapter 1 disorganised attachment is seen as most hazardous for future psychopathology and the possible development of borderline personality disorder (Bateman & Fonagy, 2004; Holmes, 2004; Liotti, 2005). Although this is a comparison with only one meta-analysis of child abuse, if this is an accurate finding, the effects of domestic violence on babies’ attachment patterns are more likely to lead to psychopathology than direct physical child abuse. This has not been previously noted although it would have major implications for policy and practice and therefore needs further exploration.

### **Assumptions about domestic violence**

Although Zeanah et al.’s (1999) study is widely cited as representing the effects of domestic violence on attachment patterns of babies in domestic violence, the research has not been replicated. The participants were living in poverty, yet the effects of poverty on the relationship between women and their babies are not considered. In addition, as illustrated in the following discussion, the researchers had pre-existing assumptions about the effects of domestic violence.

In their discussion Zeanah et al. (1999) question whether in domestic violence it is witnessing violence to the woman or the effects on the woman's behaviour with the baby which impacts on the baby’s attachment. It is suggested that subsequent studies

need to seek detail regarding actual amounts of physical violence witnessed by the infants. In keeping with the tradition of psychological testing and observation, Zeanah et al. (1999) do not touch on the range of emotions experienced by the babies or women. Nor do they contextualise the attachment relationship within the constellation of abuse (Dobash and Dobash 1998). Rather this research focuses on physical abuse without acknowledging that living with emotional abuse, fear and intimidation may have direct affects on the baby.

Zeanah et al. (1999) hypothesise that the amount of physical violence witnessed by the baby or the effects of violence on the woman's ability to provide for the baby's attachment causes disruption to early attachment needs. Alternatively Bernier and Miens (2008) suggest that the behaviour of some fathers may have a detrimental effect on the forming of secure and organised attachment. Indeed, in domestic violence the source of fear may not be the primary caregiver but may be the father. This necessitates the focus of attachment research and assessment to look beyond the mother–baby dyad and consider the direct impact of other important figures and events in the baby's life.

The discussion in Zeanah et al.'s (1999) paper also mentions “mother's proclivity to become involved with violent relationships” (p. 84), suggesting that a feminist analysis is missing. There is no evidence that women ‘choose’ violent partners but there is evidence that violence often develops later in the relationship once the woman is committed to its continuation (Dobash & Dobash, 1992; Stark, 2004; Stark, 2007).

## **Further research**

Apart from Zeanah et al.'s (1999) study, with the exception of a case study published by Levendosky, Bogat and Huth-Bocks (2011), little research focuses on clinical assessment of the formation of attachment patterns in domestic violence (Zeanah, 2010). Instead more recent research enquires about aspects of the developing relationships between women and their babies in domestic violence with reference to attachment without clinical assessment of attachment patterns and without precise definition of attachment.

Research undertaken in 2001 with 120 women and their school aged children suggests that children may be unable to form secure attachment because a mother's ability to function is erratic in domestic violence (Levendosky & Graham-Bermann, 2001). The findings of this study underline that availability of family, friends and community support for women as mothers in domestic violence is a crucial component affecting women's psychological abilities. The authors indicate that later child adjustment may be linked to an inability to form an early secure attachment relationship with their mother. However, the authors do not define early attachment. Further research by Levendosky, Leahy, Bogat, Davidson & Von Eye in 2006 investigated 203 women as mothers of one-year-old babies and suggests that experiences of domestic violence before and/or after birth negatively affect attachment between women and their babies with women's distress levels affecting attachment rather than poor parenting (Levendosky et al., 2006). This study recommends that early intervention in domestic violence situations is needed to help the mother understand how her feelings, responses and behaviours may affect the infant. Again attachment is not defined but reference is made to Ainsworth et al.'s (1978) classification of attachment patterns in both the above studies.

Another American study suggests that post traumatic stress disorder, caused by threat to the woman as mother, may affect attachment. Bogat, Dejonghe, Levendosky, Davidson and Von Eye's (2006) research of 48 mother-baby dyads, half of whom had experienced domestic violence before the baby was 12 months old, found that the babies who witnessed severe domestic violence had trauma symptoms and that a threat to the caregiver was a significant factor in causing trauma to the baby. Here the authors describe secure attachment as "interactions that involve positive responsive caregiving" (p. 112). The researchers found that a woman's ability to remain available to her baby had a mediating effect on the baby's reactions. Bogat et al. (2006) hypothesise that if the mother experiences trauma this will, through the attachment relationship, cause symptoms of trauma in the baby. If this is so it could then become circuitously problematic so that the effects on the baby and on the woman as mother doubly impact on the relationship between the two.

## **A return to coding and classifying**

In the case study presentation of a woman and her child by Levendosky et al. (2011) that was mentioned at the beginning of the last section, attachment theory is applied to define effects of domestic violence on a mother–child relationship. The methods used are observation and interview. The woman was interviewed and her perceptions of her child were coded once during pregnancy and again when the baby was 12 months old. Assessments of woman-child interactions and the strange situation procedure (Ainsworth et al., 1978) were used to code the relationship when the child was 12 months old and again when she was four years old. All observations and interviews were videotaped.

In this research domestic violence is not defined but the emphasis appears to be on physical abuse as it is assumed that because the woman stated that she had not been hit since the birth of her child that the abuse has stopped. On the basis of the two interviews the woman is coded as “a distorted mother” (Levendosky et al., 2011, p. 6) meaning that she has unresolved childhood issues and sees the child as an extension of herself. The child is classified as disorganised in her attachment at age one and at four years old. The paper suggests that domestic violence has replicated adverse childhood experiences for the woman leading to negative psychological effects on her ability to relate to her child and subsequently the child forms an enduring disorganised attachment pattern.

In this research the focus is entirely on the woman as mother and on the child. There is no mention of the child’s relationship with her father or his behaviour in her presence. Neither is the possibility that emotional, social, sexual and/or financial abuse continuously impact on both woman and child considered.

## **An alternative hypothesis**

Research such as the above which focuses only on the woman and her child is countered by hypothesis which suggests that the baby's attachment organisation may be jeopardised by "frightening the child while making the mother temporarily unable to provide comfort and protection" (Bernier & Miens, 2008, p. 13). Through this process the baby may be simultaneously exposed to a frightening father while intentionally separated from its source of protection. Many studies based in the premises of attachment theory do not enquire about how the behaviours of a father who is abusing the mother may directly affect the baby. This is despite evidence, presented earlier in this chapter, which shows that living with domestic violence has many direct negative effects on babies (Dejonghe et al., 2005; Huth-Bocks et al., 2004; Jaffe, Sunderman, & Geffner, 2000; McDonald, Jouriles, Briggs-Gowan, Rosenfield & Carter 2007; McGee, 2000; Osofsky, 1999, 2004; Lieberman, 2005; Holt, Buckley & Whelan, 2008).

## **Adolescent attachment in domestic violence**

The inclusion here of two studies of adolescent attachment patterns is of relevance because, as noted in Chapter 1 of this thesis, one of the tenets of attachment theory is that mother /baby attachment sets the pattern for attachment through life and impacts on social and psychological functioning as well as relationships with others across the lifespan. Levendosky, Huth-Bocks & Semel (2002) elicited questionnaire responses from 111 adolescents and their mothers and found that the 14 to 16 year-old respondents had lower security of attachment than those who were from homes without violence. The young people from domestic violence backgrounds were classified as insecurely attached with an avoidant attachment pattern. In Israel, attachment to parents was examined by interviewing 95 adolescents, some of whom were living with domestic violence. In this longitudinal study, domestic violence is included with child abuse by either parent, as well as with child neglect. This study found that attachment with mothers was 'weaker', whether or not the mother had been the abusive parent and it was found that if abuse stopped, attachment improved (Sternberg, Lamb, Guterman, Abbott, & Dawud-Noursi, 2005).

## Prescribed roles for women as mothers

Studies such as the above which are concerned with the impact of domestic violence on the formation of relationships between women and their babies and children are undertaken with a view to mothering roles which are defined by attachment theorists. These parameters are applied to mothering in general, regardless of context, thought, feelings and perceptions of women as mothers. Attachment theorists' definitive roles for women as mothers are described next because they form an important backdrop to the perceptions held within the attachment field. Currently these are the authoritative views on the formation of relationships between women and their babies in domestic violence.

As an observable component of relationships the optimal role of women as mothers is definitively described by attachment theorists although attachment is not seen as mothering per se, but rather the underlying emotional connection that ensures the baby develops in relationship. Yet, as we have seen, with the propensity to use the 'strange situation procedure' (Ainsworth et al., 1978), observational methods are used to categorise relationships based on behaviours of women and babies. It is women as mothers who are expected to institute change should the relationship be judged problematic by expert opinion.

Bowlby (1988) describes attachment behaviour as biologically determined and asserts that women are predisposed to 'a-tune' to their babies with inherent qualities of sensitivity and responsiveness so that the woman follows her baby's lead through cues and signals that she learns from the baby. He states; "A sensitive mother regulates her behaviour so that it meshes with his (*the baby's*)" (Bowlby, 1988, p. 8). Thus the woman as mother is expected to intuitively modify her behaviour as she establishes a partnership with her baby to create a 'dyad' or attachment pair.

More recently several renowned authors have further contributed to the attachment field's requirements for optimal mothering. Zeanah and Boris (2000) in elucidation of attachment disorders reflect that emotional availability, nurturance, warmth, protection and provision of comfort are most salient to enable a baby to achieve secure attachment. These eminent attachment researchers describe an emotional

relationship but it is most often women's observable behaviours that are described when attachment is under scrutiny. For example, 'the circle of security approach' (Hoffman, 2006; Marvin et al., 2002), which is a popular model developed for programs and training purposes, espouses the need for the mother to:

- pace her actions to suit the baby
- enjoy being with the baby
- hold the baby
- gaze into the baby's eyes for pleasurable eye contact
- follow the baby's lead
- be responsive as often as possible
- stay with the baby when it he/she is distressed
- talk to the baby about emotions
- be available
- protect
- organise the baby's emotions
- provide comfort, guidance and tenderness
- share the baby's enjoyment
- support exploration
- take charge when necessary
- provide a safe base and secure haven for the baby as he/she grows (Hoffman, 2006; Marvin et al., 2002).

However Cassidy et al.'s (2005) study of 18 mother–baby dyads found that coding attachment styles using the strange situation procedure (Ainsworth et al., 1978) did not accurately describe secure attachment. These authors instead turn to describing negative maternal behaviours as causes of insecure attachment. These behaviours include frightening the baby, being hostile to the baby and interfering with the baby's self soothing or exploration.

Meanwhile Brisch (2002) construes that the baby develops an insecure attachment pattern, as described in Chapter 1 of this thesis, if the woman as mother displays insensitivity or any overreaction to the baby's cues or alternatively if the woman is unresponsive to the baby. Predictors of disorganised attachment, where the baby displays a combination of ambivalent and avoidant behaviours or behaves erratically, are identified as caused by a mother's propensity to be unpredictable, under involved or to look for reassurance from the baby. Equally women displaying any confusing, frightened or frightening behaviour has been linked to disorganised attachment (Lyons-Ruth & Spielman, 2004).

The above hypotheses comprise a daunting array of expectations of women which effectively proscribe an array of behaviours for scrutiny without any considerations of the contexts in which babies live and women mother. Impacts on the baby from factors external to the relationship with the woman as mother are not taken into account. Similarly, the effects on women's subjective experiences and their use of agency to care for the baby in what may be less than ideal circumstances is not regarded. The expectations of the attachment field of mothering behaviours is further examined, from a feminist perspective, later in this chapter. First the additional expectation that women will enact behaviours which socialise babies so that they achieve life-long security is described.

## **Teaching mentalisation**

In addition to the above lists of behaviours required of women, the process of mentalising is seen as a component fundamental to the development of a baby's security. Mentalising describes the process of being 'read' by the mother which leads her baby to learn that he/she is understood and the baby reciprocates by 'reading' his/her mother. Thereby, in the course of enabling a secure relationship the woman as mother teaches the baby the concept of being understood and the baby learns the ability to understand and empathise with others. Simultaneously, the woman as mother teaches her baby that individuals are separate and self determining (Fonagy, Gergely, Jurist, & Target, 2002). In this way the woman as mother is held responsible for the socialisation of her baby with implications that this will impact across the baby's future lifespan. Thus responsibility for socialisation is laid at



women's feet in addition to responsibility for the baby's ongoing physical, psychological and emotional development.

## **Problematizing current definitions of mothering**

Assessment of women's input into the relationship with their babies in domestic violence is judged within the set criteria for mothering outlined above. From a feminist perspective such definitions of the role for women as mothers is viewed as unreasonable and unattainable. As noted in Chapter 1 of this thesis, the emphasis on mothering is viewed as politically motivated with the rationale for focusing on mothering in isolation of context seen as designed to undermine and disenfranchise women (Birns, 1999; Bliwise, 1999; Franzblau, 1999; Morris, 2005, 2008b; Contratto, 2002). The focus on the mother–infant dyad excludes partners, relatives, friends, neighbours and community from responsibility for nurturing children. It also excludes women's thoughts, feelings and unobserved responses and reactions to abuse. Thus society and its institutions are absolved of the need for change when women are targeted as responsible without focus on the circumstances in which they mother (Birns, 1999).

It is not contested that all children feel secure through being loved, understood and protected (Birns, 1999; Morris, 2005). However as Franzblau (1999) states: "Feminism challenges the assumptions that make women/mothers single-handedly responsible for the human condition" (p. 7). With particular regard to domestic violence the woman is held totally responsible and judged according to criteria which assume safety and support. Perversely, attachment research surmises that in domestic violence babies will not be loved, understood and protected by their mothers (Zeanah et al., 1999).

Feminist theorists have contested the use of such a prescriptive role for women by challenging the values, political biases and purposes of attachment theory. Following this perspective I focus on women's internal and external experiences which are misrepresented by attachment theory with practices applied to women without their knowledge contribution. I see it as important to identify factors which are neglected

because an attachment perspective can impact negatively on professional, community and self perceptions of women forming relationships with their babies in domestic violence. I also believe that by acquiring knowledge from women's thoughts, feelings and perceptions a more complete view of the formation of relationships between women and their babies in domestic violence can enhance policy and services for women and children affected by domestic violence.

In light of the above I consider the elements that have been overlooked when attachment theory is applied to the formation of relationships between women and their babies in domestic violence. I do this because there is a need to enquire from a different paradigm if misrepresentations are to be uncovered. It is possible that distortions occur when knowledge and practice is informed by a single theoretical approach which excludes the voices of those who experienced forming relationships with their babies in domestic violence.

## **Beyond women's role mothering role**

In Chapter 1 I outlined the understandings of the attachment field and I noted the values underpinning attachment theory. I also described the attachment field's preferred methods of enquiry which are used to define and categorise the relationships between women and their babies. In this chapter I show that evidence regarding the formation of relationships between women and their babies in domestic violence has been created within such premises. Women's ability to form relationships with their babies in domestic violence is limited by parameters designed by attachment theorists who base theories of appropriate mothering on observation in clinical settings and survey in isolation from lived experiences. As Lapierre (2008) states:

Women have been relegated to the periphery, to be solely considered in relation to their children, and there appears to be no commitment to the development of a holistic understanding of abused women's complex experience as mothers. (p. 456)

This viewpoint is relevant with regards to current research which focuses on the formation of relationships between women and their babies in domestic violence. However, I posit that rather than being relegated to the periphery women are in the spotlight as their mothering behaviours are scrutinised. It is women's subjective agency, insights into relational connectedness and knowledge of life in domestic violence which are invisible because they have been excluded from enquiry.

## **A single perspective**

With regard to effects of domestic violence on women, children and mothering, enquiry has included varying theoretical perspectives and methodologies. As illustrated earlier in this chapter when women's knowledge is the subject of enquiry understanding is enhanced. In this way when women's lived experience forms the basis of enquiry the dichotomy of negative or positive mothering is negated and a picture of complexity based in reflection and awareness emerges. In contrast, the study of the formation of relationships between women and their babies in domestic violence has involved application of one theory. This theory is applied and describes a role for women that excludes knowledge based in women's lived experiences of context, relationality and subjectivity. From here I describe why these three elements are essential to understanding of deep and rich complexities when relationships between women and their babies are formed in domestic violence.

## **Context: The lived experience**

As Tong (1998) notes; "No person can be expected to remain always cheerful and kind unless that person's own physical and psychological needs are being met" (p. 88). Yet currently the formation of relationships between women and their babies is defined with scant knowledge of circumstances where the direct effects of domestic violence jeopardise physical and emotional safety of both women and babies.

Nearly thirty years ago Fienman and Lewis (1984), ruminating on the preoccupation with 'the dyad' of woman and baby by attachment theorists, suggest that: "the concentration of research on the mother-infant dyad may have been a realistic

response to the social isolation of the mother and infant 20–30 years ago” (p. 14). Fienman and Lewis (1984) point to women’s participation in the workplace, the use of childcare, parental partnerships, interactions with others and individuals’ positions within society, as influences on the mother–baby relationship in the late 20th century. Further, Belsky, Rosenberger and Crnie (2000), later describe lack of human and material support as the strongest variable affecting relationships between women and their babies. More recently Morris (2005) surmises that the focus of attachment theorists on psychological factors negates a social view of health which recognises that many external factors at family, community and socio-political levels affect women’s health. Further, Bliwise (1999) explains:

The study of attachment requires a greater emphasis on multiple, systemic and dynamic aspects of attachment theory and the recognition that culture and social structure is important to interpersonal functioning across the lifespan. (p. 49)

Yet, attachment theorists and researchers continue to focus on women’s relationships with their babies without regard for external factors, seemingly assuming that a context of stability, emotional support, adequate resources and a safe environment support women as mothers to fulfil the requirements of the mothering roles prescribed (Busch & Lieberman, 2006; Jenney & Sura-Liddell, 2007; WAIMH, 2010). In domestic violence it is questionable whether any of the above is realised. Even when the focus is on the formation of relationships between women and their babies in domestic violence it is occasions of physical violence that are considered rather than the context in which such violent acts occur (Zeanah et al., 1999; Levendosky et al., 2011). The unseen constellation of abuse which forms the context of lived experiences in domestic violence remains undetected.

A perspective embedded in an ecological systems framework where relationships between women and their babies are seen in context and not as a unit detached from physical and emotional surroundings has been proposed previously (Belsky et al., 2000). Further, Bernier and Miens (2008) call for assessment of a woman and baby’s current circumstances, not just the woman’s past history of abuse and loss, to understand relationships between women and their babies. In my research women

who have formed relationships with their babies while in domestic violence describe current circumstances which impact on the formation of early relationships. In doing so they shed light on the contexts which affect the emotional and subjective aspects of lived experiences which are defined in the next two sections.

### **Relationality: Emotional connectedness**

As noted, attachment theory has set criteria which produce categories that embody a dichotomy between secure and insecure attachment patterns. Such categorisation does not reflect women's thoughts and feelings about their babies or their understanding of the baby's emotional needs. The formation of relationships between women and their babies is more complex than a category can describe. Observation and survey does not convey concepts of mentalising which represent internal experience of relationships between women and babies. Bernier and Miens (2008) examine suppositions in the attachment field that an unresolved state of mind, from past trauma or loss in the mother, is linearly linked to disorganised attachment. They posit from focusing on previous research findings that additional issues, including emotional factors need to be taken into account. Yet research in this field has not integrated the study of emotional factors. Neither have the extensive criteria which prescribe the preferred actions of women in the mothering role explored women's feelings towards their babies. This is particularly pertinent to domestic violence situations where assumptions may influence the perceptions of researchers.

Consequently, in this thesis I seek to explore connectedness in relationship which I define as relationality (Mitchell, 2000). This is a wider, broader and more flexible concept than that of attachment and signifies that emotions are included in the creation of knowledge. Given that the relationship between women and their babies is based in emotions this is appropriate (Morgan 2009). According to Levendosky et al. (2000) when women are asked about mothering in domestic violence their accounts include warmth, concern and awareness of the emotional needs of their children not revealed in structured interview. Emotions such as these directly relate to women's relationships to their children, yet women have not been asked to describe the forming of the relationship with their babies by methods which encourage them to speak of their affective experiences.

## **Subjectivity: Use of agency**

While one would expect domestic violence to have numerous negative impacts on a woman's life, it is equally important to view women as active agents who, despite tremendous barriers and obstacles, continue to nurture their children and build better lives for themselves and their families. (Sullivan, Nguyen, Allen, Bybee, & Juras, 2000, p. 68)

The concept of perceiving women as active agents is not generally apparent in attachment research. This is particularly so with regards research into the formation of women's relationships with their babies in domestic violence where many assumptions are made. Hence there is little deliberation on women's thoughts, awareness and use of agency regarding the formation of relationships with their babies in domestic violence.

Earlier in this chapter, when I commented that context is overlooked in attachment theory, I mentioned that the attachment field does not consider the multiple ways in which domestic violence impacts on physical and emotional safety. Here I note that women's responses to such contextual factors are unknown because women's subjectivity is not investigated when observation and survey are applied. How women perceive their babies' needs and women's thoughts about options for responding to abuse are not observable and therefore are not the subjects of enquiry.

Perceived within the objectified role of the attachment fields' prescribed mothering role women are not afforded the agency and ability to respond to the baby unless their responses are observable in clinical situations and fit within established criteria. In domestic violence situations, where the context may impact on relationality and dictate responses, women may think and take action in ways invisible within the parameters of attachment theory. Yet, with regards to mothering in domestic violence, women's responses include the need for adaptability and flexibility in reaction to circumstances. When women's narratives inform research a myriad of logical responses appropriate to circumstances dictated by abuse is revealed (Mullender et al., 2002; Levendosky et al., 2000). Therefore, although it is accepted that there are many negative effects of domestic violence it cannot be automatically

concluded that women are unable to subjectively use their agency to care for babies and children. As Levendosky et al. (2000) note, women use many strategies to cope with their mothering role despite the constrictions of domestic violence. It can be surmised that women bring similar agency to bear on the formation of their relationships with their babies. However, this is not the subject of investigation which focuses on possible deficits in women's abilities to build relationships with babies. In this thesis I seek to uncover thoughts and actions which illustrate women's subjective agency with regards the formation of relationships with their babies in domestic violence.

## **The need for a feminist perspective**

As illustrated previously women's understandings of the development of relationships between themselves and their babies in domestic violence is currently unknown. As Kobak (1999) asserts, attachment theory has given scant attention to the relevance of current relationships and experiences. Thus information about babies' and women's lived experience of relationships built in the gendered context of domestic violence including women's experiences, actions, feelings and thoughts are excluded from knowledge creation. When knowledge is accumulated from research which considers women's mothering in domestic violence, data is drawn from the diversity and depth of women's experiences to extend awareness and offer an alternative to established views (Mullender et al., 2002; Levendosky et al., 2000). This knowledge which is based in women's lived experiences reveals contexts, relational connectedness, understanding based in emotions and women's use of their agency.

Through utilising a feminist methodology to collect accounts of women's lived experience and their understandings of the impact of domestic violence on the formation of relationships with their babies, theorists and practitioners gain useful insights and perspectives not available through psychological survey and observation. The body of knowledge which is shaping policy and therapeutic practice regarding how domestic violence may impact on women's relationships with their babies, can be informed by qualitative research which incorporates a more holistic

view. This approach is empowering for women subjected to domestic violence, respectful of their views and understandings and provides salient information about the formation of relationships between women and their babies in domestic violence. In this thesis I therefore seek to draw on the expertise of women as mothers forming relationships with their babies in domestic violence.

## **Conclusion**

In this chapter I have defined current understandings of domestic violence from a feminist perspective before problematising alternative constructs aligned with a psychological approach preferred by the attachment field. From there I presented an overview of current findings of the effects of domestic violence on women, babies and on mothering. Current research into the formation of relationships between women and their babies, pre and post birth, is described before the attachment fields' expectations of optimal mothering are defined. I problematise this view of mothering as a premise to justifying my research within a feminist perspective which focuses on the lived experiences of women. In doing so, I outline concepts of context, relationality and subjectivity. These concepts are currently outside the parameters of existing research about the formation of relationships between women and their babies.

The next chapter presents the theoretical perspectives that justify my approach to gathering knowledge from women's lived experiences.



## Chapter 3

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# **A feminism approach: theoretical perspectives, methodology and design**

### **Introduction**

It was noted in Chapter 1 of this thesis that the dominant discourses that underpin attachment theory and practice and feminist discourses on domestic violence are embedded within different paradigms. The dilemmas this raises and the need to consider women's lived experience with regard to forming a mother-baby relationship were discussed. In Chapter 2 I delineated current knowledge about domestic violence and presented research which has explored the effects of domestic violence on women, babies and on mothering. I then described and critiqued, from a feminist perspective, the role that attachment theory ascribes to mothering. I observed that the formation of relationships between women and their babies in domestic violence had been studied solely from a psychological, positivist perspective that relies on observation and survey. In this chapter I present my different approach to knowledge generation which takes a critical enquiry approach within a constructivist paradigm. I then describe the methodological framework and methods that I use in my research.

### **Theory based in critical enquiry**

Critical theory is situated within a structural framing of society where social structures are seen to hold dominance over human behaviour (Crotty, 1998). According to critical theory the privileging of science and expert views silence people who are then persuaded that science defines the problems, provides answers and offers solutions (Habermas, 1979). People's experiences are reframed by experts in terminology that is then used to mysticise those without power, channelling the requirement for social change into work for professionals and agencies (Fraser,

1989). From this perspective knowledge is seen to depend exclusively on scientific ‘fact’ and ordinary people’s perceptions, feelings and the context in which their views are formed, are excluded (Sprague, 2005).

From a feminist perspective the exclusion of women’s experience means that traditional scientific research offers a skewed perspective based in assumptions (Maynard & Purvis, 1994; Fine, 2006; Hesse-Biber, 2007). Following Akman et al.(2001), such assumptions and biases need to be exposed and the context of such biases made explicit because women who do not fit proscribed roles or expectations are defined as deviant. Particularly with regard to the role of motherhood, such women are then perceived as in need of therapeutic intervention (Caro & Fox, 2008).

Within a critical perspective I contend that current knowledge about the formation of relationships between women and their babies in domestic violence is biased by the values of those who dictate optimal roles for women as mothers. In this way women’s experiences are delineated by knowledge applied to them rather than informed by them (Olesen, 2005). In the application of expert opinion deep, rich, complex and varied data is missed and it becomes easy to objectify, categorise and pathologise women (Lapierre, 2010). As Offe (1984) describes “The person is transcribed into a needy but deserving client ... such clients have few choices but to comply, assertiveness goes, passivity is expected” (p. 156).

To counter this I take a feminist perspective, based in critical theory where knowledge is created from women’s lived experiences with the understanding that women have valuable insights into the needs of their babies and themselves. Within this view is the belief that women possess ideas for actions needed to help other women in similar situations (Snyder, 2008). In this I follow feminist dictates which build on a theoretical solution to knowledge creation developed by Habermas (1987).

## **Communicative spaces based in caring**

In identifying that awareness in ordinary people has been muted by institutionalised, expert opinions Habermas proposes that communicative spaces where ordinary people can meet and debate leads to the strength of the better argument gaining

acceptance as truth (Rundell et al., 2004; Habermas, 1979, 1986). Habermas contests the dominance of existentialist perceptions which, in his view, promote an image of people without agency (McCarthy, 1978). Building on the collection of works by Marx and Engels, Habermas proposes an ideal of communication based in the life world where everyone's voice is held in equal value.

In Habermas's view communicative action is epitomised by logical debate between equals who accept and reject arguments to reach collective consensus. This theory relies on a rational ethic of justice that promotes freedom and equality with communicative space governed by accepted rules and the recognition of equal rights to speak (Habermas, 1979, 2003, 2004).

However, Habermas's theory regarding communicative space is criticised by feminists as privileging the confident and articulate (Chambers, 1995; Bickford, 1996). Further, his theory is described as too narrow in defining communication because it excludes emotional dimensions of lived experience (Pajnik, 2006). As Schweickart (1996) notes "Women's way of knowing recuperates the substance dumped out (or muted) by Habermas" (p. 310). In essence women's way of knowing, offers depth and context by privileging emotional experience and concepts of growth in relationship. The concepts of women's knowing, emotions and relationships are important to my thesis and are delineated later in this chapter.

From a feminist perspective communication needs to be based in a concept of care that counters the privileging of some by incorporating listening and encouragement of others so that those who lack confidence and polished oratory skills are heard (Chambers, 1995; Bickford, 1996). Within a communicative space which is based in caring participants are encouraged to actively listen, accept difference and to respect the emotional content of others lived experiences (Pajnik, 2006). For the purposes of this thesis I incorporate the concept of communicative space based in caring to focus on the affective experiences of women, encourage mutual support and validation. I do this to respectfully obtain deep and rich data from the voices of women communicating about times of difficulty in their lives (Benhabib, 1986). Working

with the concept of a communicative space based in caring I draw on feminist standpoint theory which aligns with a structuralist view of power divisions in society.

## **A feminist standpoint**

Employing a feminist standpoint I look past the perceptions of those in positions of privilege to consult women who have experienced forming relationships with their babies in domestic violence. Such a perspective seeks to empower oppressed groups by clarifying knowledge while challenging the perspectives of those who hold power through status and institutionalised scientific expertise. As Hartsock (1998) states:

A standpoint carries with it the contention that there are some perspectives on society from which, however well intentioned one may be, the real relations of humans with each other and with the natural world are not visible. (Hartsock, 1998, p. 107)

With regards to power structures in society, those at the bottom hold very different views, feelings and experiences than those at the top who tend to experience the world as benevolent (Hesse-Biber, 2007). It has been noted that: “privilege nurtures blindness to those without the same privileges” (Mohanty, 2002, p. 6). In current theory, as noted previously with regard to the study of the formation of relationships between women and their babies in domestic violence, women have been relegated to become clients and their voices are silenced by privileged expert views. Thus, following the experience of abusive partnership relationships delineated by power and control women are further disempowered through being relegated to positions without authority where their views, feelings and experiences do not enlighten theory.

In addressing the above by creating knowledge from the voices of women who have formed relationships with their babies in domestic violence I bring a social justice perspective to current knowledge (Harding, 2007; Gardner, 2006). Social justice is a basic underpinning of third wave feminism as human rights are related to issues of the gendered nature of class, culture, sexual preferences and race (Snyder, 2008). Incorporated in this view is a socialist feminist perspective which postulates that in

society there is an expectation that “a woman who has a child is no longer considered as a person but is seen as a mother instead” (Caro & Fox, 2008, p. 148). The perception is that women must sacrifice their own needs to promote their children’s wellbeing by being faultless mothers to perfect children (Morris, 2008b). In domestic violence, with the enduring presence of emotional abuse (Stark, 2004), this expectation places particular emphasis on proscribed performance of mothering tasks. Such conditions leave women susceptible to feeling demoralised and being silenced by pathologising, expert views. This can occur when women are referred to professionals practicing within an attachment perspective or when such expert views permeate society through popularisation in the mass media (Gillingham & Bromfield, 2008). With this in mind, in my study I look to enable empowerment of participants through respecting knowledge acquired from women’s experiences.

Seeking knowledge within an ethos of empowerment is essential because women are disenfranchised by many elements imposed on them within a gendered society. Within a framework that promotes empowerment feminist research based on women’s experiences, including their emotional experiences, enables women to voice their understandings. By deepening and broadening comprehension while challenging existing knowledge based in scientific assumptions feminist methodologies “correct both the invisibility and distortion of female experiences” (Lather, 1991, p. 511). The view that women’s experiences are important to correcting scientific assumptions has held firm through the decades of feminism and the varied schools of thought which have developed within feminisms over time (Akman et al., 2001; Olesen, 2005; Hesse-Biber, 2007).

In situating knowledge within women’s experiences I acknowledge that domestic violence is experienced differently depending on culture, race and socioeconomic circumstances (Hesse-Biber, 2007). A standpoint theory aligned with structuralism identifies that women are not a homogenous group and among women living with domestic violence lived experiences are diverse. In my study I hold diversity in mind as women contribute from their lived experiences. In doing so I acknowledge that each woman’s lived experience contributes differently to the creation of the knowledge.

However, with regards to domestic violence, there is a danger of adopting an approach which negates the common ground of women's experiences (Stapleton, 2000). Diversity is important because of experiences and perceptions related to individual class, culture and race differences and because, for each woman and baby, the experience and impact of domestic violence is different. The standpoint theory that I adopt concurs with socialist feminism which recognises the common ground of oppression based in attitudes which combine patriarchy with capitalism to ensure the subordinate position of women as mothers (Tong, 1998). Regarding domestic violence from a socialist feminist perspective, it is recognised that there are some universalities and that making distinctions between groups of women may mask the similarities of experience which exemplify gendered abuse. It is my task in this thesis to draw out the commonalities of women's experiences as themes while also acknowledging differences. Thus the voices of those disempowered by gender and domestic violence are drawn upon to clarify understanding of similarities and differences in the experiences of the oppressed.

With the above aspects of feminism in mind I frame my methods within a methodology which preferences a sensitive exploration of women's experiences, including their emotional experiences. In doing so I incorporate feminist understandings of the need for the building of relationships to encourage emotional authenticity within communicative spaces based in caring.

## **Including emotions in knowledge creation**

The processes of my study are constructed to access women's voices about the formation of relationships with their babies in domestic violence. In relationship with and between participants I seek women's knowledge based in authentic emotional expression. Hence, I incorporate a feminist psychological perspective to describe my understanding of how women's experiences, including their affective experiences, are developed in relationship with others. In doing so, I explain the importance of relationships as a conduit for knowledge that is based in emotional authenticity. These concepts are important to my study because I utilise the connectedness between experience, relationship and emotion to access deep and rich data while

enabling women as participants to feel empowered. In this thesis emotions relate to the subject, the process and the creation of knowledge. My understanding of the development of women's knowledge in relationship is conveyed in the next section.

## **Connecting emotions, experiences and relationships**

Development of emotional experience is relational starting with a woman's feelings, sensations and senses surrounding the baby in the womb so that the baby is experiencing the outside world through contact with the woman as mother (Small, 1998). From birth begins the move towards self-awareness which happens in relationship to the caregiver, usually the woman as mother. Adaptive characteristics for nurturing are encouraged when 'the good enough mother' is seen as one who adapts to the baby, 'reads' their emotional state and who 'mirrors' the baby, teaching empathy (Winnicott, 1971). Although from a feminist perspective Surrey (1991) notes that 'mirroring' with its implication of mimicking, undervalues the complex interplay of thoughts, feeling and actions which form the reciprocal reading of each other's emotions which occurs between women and their babies. Hence through relationship the experience of sensing the feelings of another and attending to the emotional interaction between self and others starts the process of experiencing the world and making meaning of self. Thus experience begins in an emotional relationship first with the woman as mother then later with others. Even the experience of being alone is felt as an absence of other (Bowlby, 1982).

Women in particular are encouraged to internalise care-giving and to learn the emotions of others. Experiencing agency in relationship with others as feelings of self worth and competency are influenced by effectiveness in relationships (Jordan, Kaplan, Baker Miller, Stiver, & Surrey, 1991a). Therefore for women, emotions are intrinsically linked with relationships. In my study I honour women's abilities to create knowledge embedded in their emotional authenticity. In doing so I do not mean to infer that the psyche differs according to gender but that women and men's mental and emotional life is influenced differently by the form of relational interactions encouraged by social norms. During participation in my research women were encouraged to feel empowered through emotional authenticity in relationships

with me and other participants as it is in relationship that emotions can be expressed and given meaning (Jagger, 1996). Next I introduce and explain the methodology that I utilise to embody this approach.

## **A relational empowerment methodology**

Relational empowerment is the methodology that I draw on in this study. The principles of relational empowerment were developed by feminist psychologists (Jordan et al., 1991a), first applied with individuals in therapy, and since used in evaluation research (VanderPlaat, 1998). I posit that the methodology of relational empowerment is equally applicable to contesting a dominant discourse, such as applied attachment theory, because it aims to establish power in collaboration with others to challenge the institutionalised power hold of experts. As a methodological framework, relational empowerment looks to the creation of a communicative space, based in caring, to support women's ability to look together in relationship with each other and include each others' vision to gain clarity of their own feelings and thinking (Surrey, 1991).

## **Relational empowerment principles**

The following principles which I have adapted from Surrey (1991) and VanderPlaat (1998) underlie the relational empowerment approach that I take in this study. These principles connect the theoretical perspectives described previously with the methods I employ. This is the milieu for a research design which includes narrative and visual methods to access deep and rich information about the forming of primary relationships between women and their babies in domestic violence.

### **1. Everyone can contribute to the making of knowledge**

The feminist perspective of my research views the lived experiences of women from differing cultures, socio-economic and ethnic backgrounds as all holding knowledge about interactions and understandings that are not investigated elsewhere. This research contains a political agenda where women's experiences are drawn on to question the assumptions made about their lives (Snyder, 2008).



## **2. Knowledge creation needs to be based on emotional authenticity**

According to Rustin (2009) “The study of the emotions makes it possible to resolve long-standing splits between the individual and society and between the social and the psychological” (p. 32).

Traditional approaches to knowledge see emotions as irrational and exclude affective responses preferencing rational detachment (Crotty, 1998). Feminism, on the other hand, legitimises emotion as an important component of research into women’s lives because acknowledging emotions helps women to define their experiences in relation to self and others. (Maynard, 1994; Hesse-Biber, 2007). As Jagger (1996) points out, emotions are interpretations of sensations and feelings, past and present, informed by relationships in the past and present. In naming women’s emotions as important, women have the feelings that are formed in relationships taken seriously rather than ignored, trivialised, dismissed or discounted (Wylie, 2007). In my study emotions are valued as by accessing authentic emotions women can better locate experiences of forming relationships with their babies in domestic violence (Richards, Jones, Yates, Price, & Sclater, 2009).

## **3. Emotional authenticity can be voiced through a communication of care**

Relational empowerment exemplifies a methodology that supports methods which engage women so that their feelings, experiences and ideas are accounted (Surrey, 1991). In my thesis I recognise that through caring relationships with others, women can access the emotions that inform their perspectives. Such a philosophy brings emotions and relationships into the process of research (Preissle, 2007). My research seeks to nurture caring relationships with and between participants as “... it makes sense that research that involves studying human experiences must consider the role of relationship throughout the process” (Newbury & Hoskins, 2010, p. 643). Because others acknowledgment of their emotions helps women to define their experiences, creating space where it is safe to feel while engaged with others is paramount to my

research. This approach underpins my methods so that there is support for; “open endedness, dialogue, explicitness, and reciprocity” (Apple, 1991, p. x).

#### **4. Achieving empowerment is defined as developing skills and resources to inform and make contributions to society**

Concerned with authorising participants as well as creating knowledge, feminist empowerment is defined as: ‘a process that challenges our assumptions about the way things are and can be’ (Page & Czuba, 1999, p. 1). In having their knowledge respected women further develop the skill to speak with conviction that their experiences hold knowledge of use to others. Relational empowerment also empowers by honouring women’s experience so that the ability to speak and have their knowledge respected leads to increased valuing of their own perceptions. Through recognising that they hold knowledge that is not available elsewhere women see that in speaking with emotional authenticity their voices can contribute to knowledge that helps other women and their babies.

#### **5. Empowerment emerges rather than being given or taken**

As Surrey (1991) states “Each feels empowered through creating and sustaining a context that leads to increased awareness and understanding” (p. 167). Knowledge sharing is a communicative process where empowerment emerges as women find connections with each other. As a researcher I construct a framework which in the words of Surrey: “provide the structure for the creative empowerment process” (1991, p. 176). My responsibility is to ensure that the design supports an ambiance which encourages empowerment to emerge as women express themselves with emotional authenticity knowing that they are valued for their insights and their contribution to the research.

I therefore design the research with the understanding that women’s knowledge is influenced in relation to others because, in a gendered society, an internalised function for women is to attend, to listen, to connect and to consider others with a view to nurturing relationships (Belensky, Clinchy, Goldberger, & Tarule, 1997). Simultaneously, women read their own emotional reactions to others. This then

informs women's subjective knowledge which is shaped in emotions experienced when relating to others.

Because of societal norms, women may preference the 'received' knowledge of experts at the expense of their own subjective knowledge (Jordan et al., 1991a). But feminist approaches to enquiry which privilege women's voices encourage subjective knowledge to be voiced and when the 'received knowledge' from other women's voices is congruent with their own subjective knowledge each women is able to feel validated and empowered.

Procedural knowledge is the term used when women incorporate received knowledge which has congruence with their own subjective knowledge. It is envisaged that procedural knowledge enables women to put forward perspectives that lead to new knowledge being created as a sense of awareness and understanding of self and others as availed in a context constructed and sustained in caring relationships (Jordan et al., 1991a).

I use the term 'women's knowledge' without implying that there is one form of knowing available to women (Gardner, 2006). I recognise that women's perspectives and understandings are multiple. My emphasis is on women's diverse lived experiences and the meanings they make from their own narratives in conjunction with other women. This is not a therapeutic application but a way to work respectfully, utilising a feminist model. In this thesis, I include my subjective, received and procedural knowledge as a contribution to the knowledge base that underpins this work and contributes to the empowerment that emerges between women as participants in the study.

## **6. Knowledge sharing is seen as a two way process between researcher and women as participants**

In designing the research to enable women to access subjective and procedural knowledge it is vital that I ensure the knowledge they receive from me is respectful, clear and unambiguous. In this research the information I share concerns the aims

and processes of the research and includes consulting and feeding back information from the analysis.

The knowledge created in the research is formed in the spaces between us all, between individual women as participants and myself as researcher and in the spaces between the women as they work together. The experiences they bring concern the spaces between themselves and their babies so this is fitting. I consider these experiences against a pattern of feminist and attachment discourses. I situate myself between experiences, linking one source with another and identifying the patterns which emerge. This includes the context, psychosocial constructs and the discourses which underpin understandings. As such I include my experiences of learning from the life world, books, study and professional practice so that my procedural knowledge and received knowledge from others is examined and contributes to the knowledge brought to the research.

## **7. Power emerges between participants and the researcher**

In this study my wish to facilitate empowerment requires that I work with a commitment to reciprocity so that the experience benefits research participants. Within this perspective, I respect the strengths of women who bring deep seated and often painfully acquired knowledge gained through mothering babies in domestic violence situations to my research. To do this I take into account that “Relationships with participants lie at the heart of feminist ethical concerns” (Olesen, 2005, p. 255). Through building relationships with participants my intention is to advantage both the research and participants. Sensitivity to the needs of women as participants requires that I enable the women who participated to feel empowered while I reach for knowledge in deep emotions from a “non intrusive and non impositional stance” (VanderPlaat, 1999, p. 3).

Respectful relationships with participants lead to power emerging and the knowledge created contains power that is shared. In this study the knowledge that is sourced in individual women’s lived experience comes together to create new knowledge in the relationships between all who are involved in the research. In my application of relational empowerment, knowledge creation is based in emotional authenticity, my

own and others, which occurs where emotions are deemed as important. In this I follow Surrey's (1991) belief that emotional authenticity can be voiced through a communication of care where trust and safety permit deep seated feelings to emerge and be expressed. As Liamputtong (2007) notes "A critical aspect of research success is a researcher's ability to establish rapport and a trusting relationship with the participants" (p. 56).

## **8. Everyone involved changes through a process of empowerment**

To follow VanderPlaat (1999):

At the very heart of the concept of relational empowerment is the principle that one can never be just an empowerer or a person in need of empowerment. ( p. 777)

Through participating in communication based in relationship concerning deeply felt issues all involved in the research are changed. Women achieve clarity and empowerment through having their thoughts and feelings validated and, I as a researcher, stay open and flexible to my own developing insight and clarity (VanderPlaat, 1999). All bring knowledge to the research and this includes my knowledge. However, during the research, my knowledge is only of use in relation to others. I am present both as an agent and as a subject. I acknowledge my power as an agent employing my own subjective, received and procedural knowledge, to design the research, to guide discussion and to interpret the insights offered by the women. I also contribute from my knowledge to respectfully represent the women and their relationships with their babies and to utilise their experiences in the creation of new knowledge.

Simultaneously, as subject, I am a 'front-line' recipient of the participants' subjective knowledge. I receive the women's knowledge and combine it with my own to inform my thoughts. I am not here to corroborate my own world view but to be open to new knowledge while contributing from my own. I use my social work knowledge and skills to respectfully engage with the women who participate and to utilise their perceptions in the creation of new knowledge.

## **9. Mutual support within groups and between individuals is important**

In my study creating space for subjective knowledge to correlate with knowledge from other women enables women to share emotions and personal experiences and to authenticate their own subjective knowledge. This is important because: “women still look to personal experience to provide knowledge about how the world operates and to trouble dominant narratives about how things should be” (Snyder, 2008, p. 5).

Through employing feminist methods of enquiry, women validate each other's experiences. By sharing their experiences with others women gain insight about how their world differs from that described by theories which utilise scientific investigations to determine theory (Mohanty, 2002). However the sharing of experiences is dependent on a foundation of trust. According to McMurray, Pace and Scott (2004): “Feminist researchers encourage a non-exploitative relationship with participants, based on mutual trust” (p. 233). Within a relational empowerment methodology trust generates a space where women increase their personal power, including their power to speak unguardedly with confidence that they will not be judged and labelled. In this my role as researcher is to work ethically to inspire trust and to be true to the principles of relational empowerment by valuing and representing the women with respect and caring.

In addition, support and trust between women as participants is important. According to Jagger (1996), emotional experience connects to subjective knowledge that has been developed by the self in relationships and includes feelings and emotional reactions that help to form meaning. In my study subjective experience is validated by others who share similar experiences while reciprocally listening and understanding. There is the potential for empowerment as the emotions held in such interactions provide growth through understanding that occupies the space between women. Therefore, the sharing of experience creates a relationship which touches the emotions and can validate subjective knowledge. It is the sharing of such emotional interaction and the growth of self in connection with others that has, through feminist approaches, brought lived experiences into philosophical and political debate (Ahmed, 2003). Hence my focus is on women's experiences, including their

affective experiences, which contributes to this research and give access to empowerment of participants as a result of mutual affirmation of subjective knowledge.

## **10. Women are seen to achieve empowerment as individuals through a process of mutual support and caring**

To tap into the deep, emotional experiences of women who had built relationships with their babies in domestic violence requires the safety of caring relationships to hold any painful feelings that emerged. When injustices towards others resonate with injustices done to self women learn to trust their own subjective knowledge and can speak of what was hidden (Ahmed, 2003). Mutual support in a caring space where women can affirm each other as they explore similarities and differences enables empowerment to be created in the spaces between women (Belensky et al., 1997). To this end I incorporate a concept of care where relationships based in caring are essential to the research design (Noddings, 2003).

## **11. Mutual support is depicted as communicatively achieved validation and awareness of shared experiences**

Surrey (1991) describes the prerequisite to relational empowerment as “acting to create, sustain and deepen the connections that empower” (p. 164). Understanding of self and others is constructed and sustained in a space where it is safe to feel and think while engaged in relationship with others. In this relational space mutual validation evolves in an ethos of support where the outcome is understanding in accord with others (Schweickart, 1996). I use a methodology of relational empowerment in this thesis because it fits with my feminist commitment to create knowledge which includes a responsibility to support, to advance empathy and to enable empowerment.

My intention is that without fear of judgement women as participants know their thoughts and feelings will be understood. Pajnik (2006) writes of listening as having connotations of interdependence which I read as relational in that interdependence infers that there is a creation of relationships within a communicative space based in caring. Listening, in these terms, refers to attending to all forms of expression

including demonstrative forms of expression in creative arts and in play. In accord with this, a feminist interpretation of communicative action has been described as communicative thinking which incorporates ‘imagination and flexibility’ (Braaten, 1995, p. 156). Thus, I have embedded my methodology in theory where concepts of women’s knowledge, based in their relational experiences are incorporated in communicative spaces based in caring with the combined objectives of accessing rich knowledge while enabling empowerment of participants.

## **Summary of theoretical perspectives and methodology**

Within a structural epistemology and a feminist standpoint which seeks to locate knowledge in the perspectives of the disempowered I frame my research in feminist perspectives which preference women’s voices. To capture the thoughts and feelings of women about the formation of relationships with their babies in domestic violence I use concepts of feminist psychology and incorporate feminist definitions of communicative space based in caring where women can communicate while trusting that their emotions will be valued. The next section focuses on the methods I use to build relationships in communicative spaces within the parameters of relational empowerment.

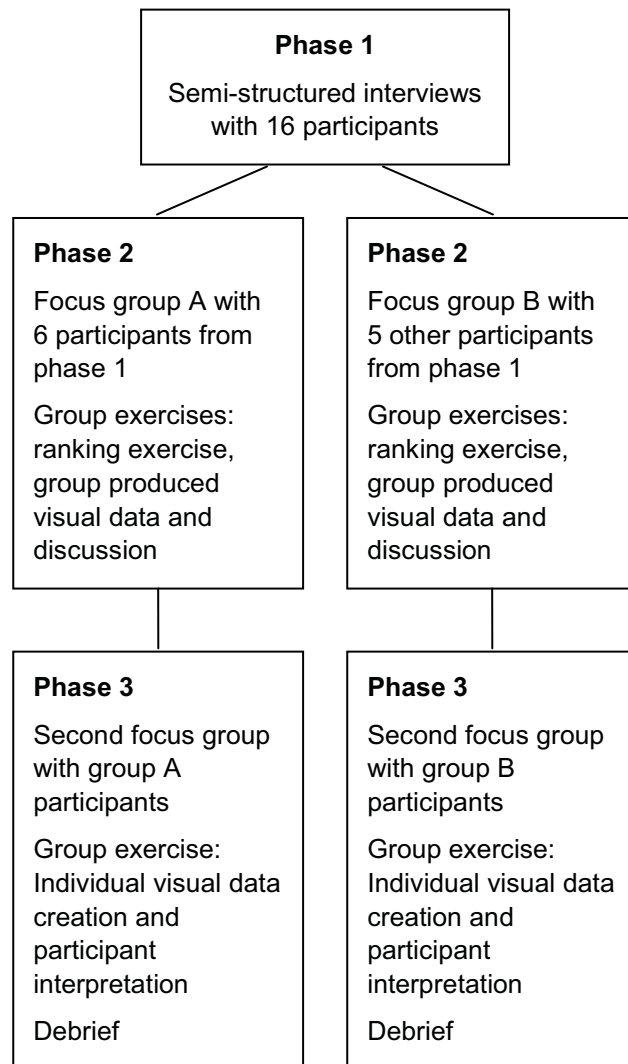
## **Description of methods**

### **Overview of the research design**

The methods that I devised within a relational empowerment methodology seek to capture an understanding of the impact of contextual, relational and subjective experiences. My design consists of three data collection phases incorporating new and emerging forms of qualitative research methods at subsequent phases of the data collection to reach for deep and complete data while also enhancing the building of relationships. I employed semi-structured interviews followed by sets of focus groups with the same women to “enhance the richness and depth of enquiry” (Lambert and Loiselle, 2008, p. 228).



This diagram represents the sequence of the methods I employed:



### **Interviews (phase 1)**

Firstly, I organised semi-structured interviews with 16 individual women who agreed to participate. The interviews were offered in women's homes or a private space elsewhere to enable the building of relationship with each woman in a space where they could feel comfortable to recount their experiences. Semi structured interviews were utilised because, as Kombo (2009) found, women who have survived trauma want to tell their stories in their own way without being directed by the researcher.

The purpose of commencing data collection with semi structured interviews was to:

- allow the woman's story to be heard and believed in a space where emotions were validated
- build the relationship between the woman and myself
- focus on each woman's reading of her and her baby's experiences
- record women's narratives to inform this thesis (Liamputtong & Ezzy, 2005).

Interviews were employed because listening to narratives involves a relationship which engages emotions and complex interactions for both interviewee and interviewer (Bornat, 2004).

### **Post transcript visits**

With the women's consent each interview was audio recorded and transcribed then sent to the woman for her perusal. I then made a time with each woman to revisit her and discuss her transcripts, making changes as requested. This presented another opportunity to build the relationship between us. Denzin and Lincoln (2005) identify that transcripts provide the researcher with a convenient way to identify recurring themes. In the interests of collaboration ten Have (1998) has taken the use of transcripts further by inviting groups of participants to discuss and ground their thinking in extracts from draft transcripts. I used transcripts differently when, following Power (1998) I visited to listen, further my relationship with the women and enable empowerment through honouring their interpretation of their own words.

### **Focus groups**

Interviews were followed by sets of focus groups where participants could look together, in a communicative space based in caring, at the experience of forming relationships with their babies in domestic violence. Focus groups were guided by myself as facilitator assisted in the first set by a social worker who volunteered her time. The co-facilitator's role was to note non-verbal behaviours, to add her perceptions to the data and to assist if any of the women needed individual support during the group. The women were told of the co-facilitator's involvement and her

role prior to agreeing to participate (Appendix 4). Unfortunately the co-facilitator was not available for the second set of focus groups and I facilitated these by myself.

Participants of the focus group were women who had been interviewed and who agreed to continue their involvement with the research. The communicative spaces of focus groups were a means to access mutual support, debate, interaction and the sharing of similarities and differences located in emotional authenticity (Barbour, 2007). Common ground was established by the women knowing that they had all formed a relationship with their baby in domestic violence and had all shared their experience with me in interview.

Within group sessions women's dialogues increased the substance of the research findings as women validated each other and created a dynamic and active response (Holstien & Gubrium, 1995). Liamputtong (2005) surmises that the dynamic process of focus groups can be both complimentary and contrary with an explicit understanding that difference, as well as common ground can be expected. Focus groups yielded rich data for the research as perceptions founded in emotions were generated in the communicative space of the group. As Surrey notes "the framework of 'looking together' provides the structure for the creative empowerment process" (Surrey, 1991, p. 176). Focus groups enable participants to feel less responsible for their situation as they find common ground with others and are able to see their struggles as imposed and not of their own making. Focus groups also enhance partnership by decreasing the control of the researcher in the group, giving ownership and freedom of expression to the group (Madriz, 2000; VanderPlaat, 1999; Bloor, Frankland, Thomas, & Robson, 2002).

### **First focus groups (phase 2)**

The first set of focus groups (phase 2) involved participants in a joint task creating data collaboratively with a general focus on the topic. Because the purpose of this research was to explore experience beyond the observable, methods which include visual data were introduced to "create a path towards feelings and emotions" (Kearney & Hyle, 2004, p. 361). Using self created visual data also focused

participant's attention to the topic and facilitated "respondent honesty and parsimony" (Nossiter & Biberman, 1990, p. 15).

Following introductions, a task which involved ranking was introduced. Utilising words describing emotional effects of domestic violence which I had extrapolated from themes in the preceding interviews and written on individual cards (Appendix 11), the ranking exercise involved the women in collaborative work (Bloor et al., 2002). The women's task was to rank the relative importance of each word. The purpose of this exercise was to guide the women to explore the topic by using their own responses as a starting point to work collaboratively, sharing their experiences with each other.

Collage was then introduced to engage a non-threatening visual component to the women's reflections. The aim was to support collaboration and contextual discussion thus furthering the foundation for experiences and emotions to be shared. Collage has been used in focus groups before as a means of accessing holistic and empathetic understanding of people's experiences (Mattelmaki & Battarbee, 2002; Denzin & Lincoln, 2005). In this instance working together on a collage was also a means of further building relationships between the women who participated.

### **Second focus groups (phase 3)**

In the second focus groups, each woman was asked to create an abstract representation, in terracotta clay, of her own experience of building a relationship with her baby when in domestic violence. Each woman then described what she had created to the rest of the group. Each woman then created another clay work which represented the woman's wishes for her relationship with her child or children in future and she then told the group about her representation.

To my knowledge, clay has not previously been utilised as a primary focus in data collection. However, clay is renowned as a medium which aids expression and communication in group work (Carozza & Heirsteiner, 1982). Further, the tactile quality of clay elicits emotional rather than intellectual responses (Anderson, 1995). Hence bringing clay work into my study served to further uncover knowledge based

in women's emotional experiences and "afforded participants every opportunity to frame their own experiences" (Kearney & Hyle, 2004, p. 362). As has been noted:

In particular, moulding clay can be a powerful way to help people express these feelings through tactile involvement at a somatic level, as well as to facilitate verbal communication and cathartic release and reveal unconscious materials and symbols that cannot be expressed through words. (Stuckey & Nobel, 2010, p. 4)

With hands occupied in direct contact with the earthy materials, memories and insights previously unacknowledged can be brought to mind (Talwar, 2007). Emotions are often the conduit for memories and insightful meaning and, shared within the clarity of emotional recollection can be empowering.

My own experience of clay is as a figurative sculptor and I have found personally, that clay work provides a way of processing emotions by transforming them into a visual representation of the unconscious for awareness and expression. In addition to my own work with clay, I have studied the use of art in health and used clay as a medium for exploring diverse subjects with a range of client groups. Therefore, I am aware that art work with survivors can enable increased emotional insight as well as reflective distance (Waller, 1992).

## **Trial focus groups**

Because I was using a unique combination of methods in the focus groups I trialled the group processes with professional colleagues from the health sector. This was a useful exercise which provided constructive feedback that I incorporated into my design for working with the women. For instance the workers felt that it could be too challenging to ask women to model a representation of their relationship with their baby in clay without following through with an exercise which brought them back from past issues. It was in the interests of empowerment that I, therefore, incorporated the final task where women created a depiction of what they would wish for their relationship with their children in future before we concluded the second focus group.

## **Rigour**

Rigour relates to achieving holistic information regarding the phenomenon of the inquiry. In this study I follow Gribich (2007) in relating rigour to validity and considering the need to “illuminate and penetrate” (p. 64) in relation to the subject rather than undertaking research which displays objects for scrutiny. Habermas (1972) postulates that objectivity is impossible and he argues that connectedness leads to acquiring understanding. Feminist researchers have furthered this perspective (Lather, 1986; Liamputtong, 2007; Harding, 2007). I adopt a similar position by specifying concerns underpinning rigour as those which address subjectivity, connecting through relationship and creating deep knowledge through reaching for completeness (Gribich, 2007). The function of these concerns in relation to rigour is further explored in the following subsections.

### **Subjectivity in research**

The purpose of feminist research, as described earlier in this chapter, is to uncover information not readily available through positivist traditions (Hesse-Biber, 2007; Harding, 2007). This purpose diverges from dominant discourses which claim to be objective and which rely on observation and survey to form conclusions based on ‘scientific fact’. Following Harding (2007) I posit that in reality such analyses are subjective based on the researcher’s own world view and assumptions about the lived experience of women. As a researcher I bring my subjectivity, which is based in my subjective knowledge gained in personal and professional relationships, to this thesis. I also bring procedural knowledge gained from feminist scholarship to problematise views projected by dominant discourses. With the inclusion of these perspectives I seek to address the invisibility of women’s voices by including consideration of context, subjectivity and the relational affective experiences surrounding the formation of primary relationships between women and their babies in domestic violence.

I address rigour by looking further than the expert view and contributing from a wider and deeper perspective. This perspective reflects feminist postmodern approaches which combine methods to reach for broader and deeper interpretations

which are developed in relationship with others in a communicative space based in caring (Pajnik, 2006). From this perspective the number of participants is pertinent to rigour in that numerous relationships with and between participants must be created while simultaneously the number of participants needs to be restricted so that the formation of meaningful relationships is possible.

### **Relationships: Consideration of sample size**

Although there is no specific recommended sample size for qualitative research studies (Patton, 2002), in this instance sixteen women was decided as the most favorable number to meet the need for meaningful relationships to form within the time available. This number of participants also ensured that there were a maximum of eight women in each of the two sets of focus groups. Eight represents an optimal number for participants in focus groups in social research and, in this instance, allows for a diversity of cultural, ethnic and socio-economic backgrounds (Bloor et al., 2002). With a maximum of eight in each focus group there is room for every woman to participate while the number of others present is not overwhelming to the point that distance is maintained.

Although this small sample could be criticised for inability to generalise in comparison with traditional large scale positivist research samples, the aim of my research is different. As noted elsewhere, focusing on a small sample can allow the collection of a wealth of deep information from each participant (Moe, 2009). The participants in my research do not constitute a homogenous group but include women from disparate cultural, socioeconomic class and ethnic backgrounds bringing varied perspectives to communication in interviews and groups (Barbour, 2007). Therefore to build relationships between focus group members the limited numbers allowed space for personal interactions to overcome difference. My intent was to search for deep, emotionally based knowledge with and between women and thus provide insights unavailable when research takes a broad brush approach. As indicated previously this can happen within a communicative space based in caring where relationships are formed between participants (VanderPlaat, 1999). With insights located in a relational context the knowledge produced augments and

contests contemporary assumptions about the formation of relationships between women and their babies in domestic violence.

### **Reaching for completeness**

According to Tracy (2010) in social research there is “The need for a tool to be at least as complex, flexible and multifaceted as the phenomena being studied” (p. 841). I believe that the emotional relationships between people are among the most complex of phenomena. With this in mind, in the search for deep emotionally based knowledge, I used several tools which address subjective and objective purposes. Subjectively I used relationality as a tool as I immersed myself in the building of relationships with participants. To create opportunities for building relationships I met with all women who participated in interviews and focus groups on a minimum of four occasions plus I had at least five separate telephone conversations with each women. This was in addition to sending written information on four occasions. This afforded opportunity for trust to develop enabling women to share their recollections in a communicative space based in caring (VanderPlaat, 1998). In addition the times between contacts meant that women were able to reflect on what they had told me and add further detail from the recollections that had been evoked.

Further, in the interests of allowing complexity to emerge and to limit the extent to which my perceptions influenced the women, I encouraged the women to speak while purposefully keeping my input to a minimum. This ensured that I “disturbed the setting” (Gribich, 2007, p. 60) as little as possible.

Objectively, I designed a study where the use of multiple methods afforded triangulation. It has been noted elsewhere that the use of focus groups as well as interviews creates triangulation (Kidd & Parshall, 2000). I introduced sets of two focus groups following semi structured interviews. Thus I locate data through three different lens and created opportunity for exploring further and deeper. The sets of focus groups were also replicated with two different groups of women affording further substantiation of the data. Furthermore, there was time between sessions for me to consider implications in relation to existing knowledge and data from each research phase (Grbich, 2007).



In addition, the use of various visual means of collecting data during focus group sessions verified and embellished data previously collected in interviews. Through the ranking exercise, group collage work and then individual clay work, complexities of the issues under scrutiny were thoroughly explored and abundant data was produced. Elsewhere visual methods have been found to enhance completeness when combined with in-depth interviews (Liamputtong, 2007). In this research I combine visual methods with in depth-interviews and sets of focus groups. I did this because I wanted to authenticate deep and rich data based on women's experiences while ensuring that I was accessing trustworthy data (Denzin & Lincoln, 2003).

## **Ethical considerations**

While addressing rigour and building data through stages which encouraged relationships between participants and myself I was mindful of issues concerning the ethical treatment of participants. The feminist philosophy and methodology I draw on in this research embeds the methods in an ethic of care which considers emotional wellbeing, empowerment and the relationships between researchers and participants as well as considerations of justice and fairness as expounded in ethical traditions (Hesse-Biber, 2007). Here I draw on the work of Nodding (2003) which privileges caring rather than traditional ethical concepts of justice, rights and consequences (Tong, 1993). The ethical perspective I take is described by Preissle (2007) as "an effective aspiration lodged in relationship rather than a pursuit of some principle such as fairness or virtue" (p. 518). Therefore, the emphasis of ethics in this thesis is on individual and collective wellbeing. In focusing on women's experience I include concern for their feelings and the relationships among participants. With an ethic of care in mind I carefully considered the women's physical and emotional safety when defining the selection criteria. These considerations are evidenced in the criteria for selection described in Chapter 4 where women's emotional wellbeing was considered with regards to time between leaving domestic violence and participating in the study, excluding women with grown children and the exclusion of women whose mental health issues may have been exacerbated by participating.

Within an ethic of care (Hesse-Biber, 2007) I consider the women's possible need for counselling regarding issues raised through participation in the research, the need for them to have the option of withdrawing at any stage, confidentiality and being fully informed about the research. How I addressed these considerations is outlined in the next chapter.

Ethics approval was granted by the Social and Behavioural Research Ethics Committee of Flinders University (Appendix 1).

## **Conclusion**

In this chapter I have explained why a structural framing of society which supports critical theory is used in this thesis. Utilising a feminist standpoint I situate the methodology and methods I use within a theoretical perspective which preferences exploration and honouring of women's lived experiences. This perspective locates the importance of disempowered women's lived experience to knowledge formation. In doing this I embrace feminist psychological perspectives which delineate women's growth of knowledge in relationships. This perspective, coalescent with critical theory justifies the incorporation of a methodology of relational empowerment which supports innovative methods designed to access deep, rich information within an ethos of empowerment.

## Chapter 4

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# The process of engaging in data collection

## Introduction

As outlined in the previous chapter the data collection is in three parts and focuses on building relationships with and between women who have formed relationships with their babies in situations of domestic violence. In this chapter I outline in some detail the processes of engaging with participants and the process of analysis. This detailed account is presented because of the importance of process in this methodology. In accord with VanderPlaat (1999) the processes concern “the creation of empowering opportunities” (p. 774). In incremental stages the process is designed to enable participants to access deep and rich knowledge with emotional authenticity in spaces where they are assured that their knowledge will be valued (Madriz, 2000; VanderPlaat, 1999). The criteria that were set, information which was shared and the steps undertaken to build relationships are outlined here to illustrate how this was achieved.

## Participants

### Criteria for participation

Inclusion criteria for participants are explained as follows:

1. Women who self identified as having been in a domestic violence relationship.
2. Women with children under ten years old who had birthed and mothered at least one of their children in a domestic violence situation. Women with children over ten years old were excluded because recollection may have awakened traumatic responses to “remembering the past” (Newman & Kaloupek, 2004, p. 392).
3. Women who had been out of the domestic violence situation for a minimum of twelve months. Women who were still in, or had recently left a domestic violence

relationship were excluded because while seeking emotional authenticity I did not want to increase vulnerability. Women who were still in a dangerous situation or who were in the early stages of processing the emotional consequences of domestic violence may have found the methods I introduced raised emotions they were not ready to address. As Levendosky et al., (2000) notes participation in research one year following separation gives women who have been in domestic violence time to reflect on and organise their thoughts and feelings.

4. Women who self identified as not suffering from a mental illness at the present time. I screened out women with a mental illness because there was a risk of worsening psychological discomfort through participation at a time when the woman was potentially vulnerable (Newman & Kaloupek, 2004).
5. Women who could communicate in English. All women who participated were required to speak English as there were no resources to pay interpreters plus the nature of focus groups would mean that spontaneity was impeded if conversations were complicated by language barriers.
6. Women from the southern Adelaide regional community. The geographical criteria was purely practical as distance would make it hard to sustain contact through interviews and focus groups. The population of the southern Adelaide region was seen as adequate because it is estimated at 345,544 (ABS, 2010). The rate of domestic violence reported to the police per 1000 people is 0.8491 in this area, the vast majority of victims being women of child bearing age (South Australian Department of Health Database, 2009). However the rate of domestic violence is likely to be much greater as most domestic violence does not involve the police.
7. Women who were not receiving counselling with me in my employment as a social worker in primary health care. I was still working as a social worker in the geographical area defined and it would not be appropriate for current clients to participate in the research as a different relationship would already have evolved between us.

## **Selection of participants**

As Denzin and Lincoln (2003) state “Research voices reflect a community’s multiple voices” (p. 146). In this study I particularly wanted to reflect the voices of women from across the community who self selected to participate. With this in mind I did not approach women’s shelters or other service providers but relied on public media to access participants. Participants then self selected in response to media and word of mouth requests. I wanted to attract women who self identified as having been in domestic violence and who were not referred through service providers because, in the ethos of relational empowerment, it was important that women elected to participate through their own volition utilising their agency rather than being selected and encouraged by counsellors or support workers. I accepted women’s self definition as surviving domestic violence because I trusted their subjective knowledge on this issue. I did not use a questionnaire to assess the degree of abuse with confidence that information about the abuse sustained by each woman would emerge within the relational contexts created in interview and focus groups.

## **Counselling options**

In the spirit of an ethic of care (Noddings, 2003) it was important that women who participated could easily access supportive professional services if they wished. Because participation in the research could raise distressing emotions around sensitive issues from the past I compiled a list of free local service contact numbers which I gave to each woman at interview and which I also made available at focus groups (Appendix 7). Participants were also given my mobile phone number to telephone me if there was any part of their involvement in the research that they wanted to discuss (Appendix 4). However, I was very clear that my role with the women was as a researcher not as a social worker. It would have been inappropriate for me to offer counselling to women who participated in the research as this would represent conflict of roles and possible differentiation between participants. Therefore, although I used social work skills to build relationships and facilitate interviews and focus groups I did not offer therapeutic intervention.

## **The right to withdraw**

I stated verbally and included in the 'Participant information sheet' (Appendix 4) that participants could withdraw at any stage. Two women did withdraw after interview and did not proceed to participate in focus groups. One woman did not continue because of distance and the other woman did not state a reason but I suspect that she was not comfortable about the prospect of talking in a group. This woman did not attend the first groups as expected and having agreed to attend the second set of focus groups she emailed her apologies. At this stage I felt that, although she had not stated that she wished to withdraw, it would be intrusive to pursue her further.

## **Confidentiality**

Given the dangers of revealing details and locations of participants when women have escaped domestic violence, confidentiality was a safety issue. The women were assured in the written information provided prior to their involvement that no information that identified them would be published in my thesis or in subsequent articles (Appendix 4). Women were asked to choose pseudonyms for themselves and their children and these are used throughout this thesis when referring to individual testimony. All transcriptions and recordings are kept on computer disk in a locked filing cabinet at Flinders University. The data will be kept for a minimum of five years and as long as there is interest in and discussion following publications based on the research in accord with the *Australian code for the responsible conduct of research* (National Health and Medical Research Council, 2007). The individual identifiable data was stored separately and destroyed on completion of the research. The non-identifiable data, kept on disk, uses the pseudonyms chosen by the participants and does not contain any references to identities. This data is available so that other parties may use it for reference.

The consent form, signed by each woman, includes a statement of agreement that confidentiality of other women participating in the study would be respected (Appendix 5). I also reminded women at the beginning of each focus group that confidentiality was paramount. The co-facilitator of focus groups 1 and 2 agreed to abide by the confidentiality criteria provided to the women.

## **Ethics regarding methods**

Ethically, I needed to fully inform prospective participants about their involvement, yet with regards to clay work, I did not want women to come with preconceived ideas about what they would make in clay. It was important that women responded to the task emotionally rather than with cognitively constructed ideas. To this end, the written information that was sent to all women who fitted the criteria and wanted to proceed, referred to the use of ‘craft activities’ to explore issues (Appendix 4). When I talked to women on the phone I explained that we would be using craft activities because it helped to focus on emotions.

## **The experience of data collection**

### **Recruiting participants**

An approach to the university media department resulted in an article describing my research and calling for participants being published in an edition of the local free press (Appendix 2). Further participants contacted following a 3 minute segment on local radio and an article in the state wide press. Direct contact with a journalist working for another free newspaper distributed in the geographical area led to one more telephone call.

I also advertised for participants through a women’s information email list but this led to no recruitments. Flyers posted on noticeboards at Flinders University led to contact with one more participant and word of mouth resulted in two more participants making contact. However, a process that I expected to take four weeks in total took four months. Apart from a slow rate of response this was due to recruitment being suspended because of impending Christmas and school holidays which would make it difficult for women with children to participate.

### **Making contact**

Potential participants were required to telephone my university number. In total 27 women phoned, with 17 fitting the criteria for the study. With every woman who called I spent time on the telephone with them, I listened and asked questions to

clarify if they met the criteria. If women fitted the criteria and were interested I explained more about the research and the requirements of participation.

The first telephone contact with each woman was as an opportunity to begin creating a trusting relationship. In this way, the initial contact was an important part of the process where women could be assured that they would be valued for their knowledge. I would hope that all the women who phoned, whether they participated in the research or not, felt respected throughout this initial contact.

### **Women who did not fit the criteria**

Of the women who did not meet the criteria one was being treated for a current mental health issue and one was still living with domestic violence. The other seven women who phoned had adult children. They knew from the media coverage that they would not fit the criteria but they wanted to tell me how their relationship with their children had been adversely affected by domestic violence. Most poignant was a call from a 72-year-old woman, who I shall call Mary. Mary said that she became very shaky when she read about my research in the newspaper. Mary remained with a violent partner and had two adult children in their forties, one of whom was incarcerated in a psychiatric hospital while the other had no contact with his parents. Mary believed that her children's present circumstances were a consequence of growing up with domestic violence and that their difficulties had been exacerbated by the effects of domestic violence on her relationship with them. Mary was very isolated, living on a farm with her partner who allowed no visitors or outings without him. Despite this Mary exercised her agency by phoning me when her partner had gone to collect the post. We talked about Mary's situation and I gave her the toll free numbers for domestic violence survivor telephone support. Mary thought that it was really important that I do this research and she wished me luck.

As with Mary, several of the women who phoned knowing that they did not fit the criteria felt that they still had something to offer. They told me of their experiences of forming relationships with their children in domestic violence and they expressed relief that this research would highlight issues involved. One woman, who felt that her relationship with her 20 and 22 year old daughters had been permanently



destroyed, stated *'we need to get this stuff out there'*. Another expressed anger that she was not able to participate because her children were now adults.

One woman, who was eligible, did not continue to interview because she was assaulted by her ex-partner after our initial contact and before my phoning her back after sending out participant information. We continued telephone contact but it became clear that she needed to prioritise her time and energy for court proceedings with criminal and family court actions regarding the assault pending. Before terminating our telephone contact I ensured that the woman had all necessary supports in place. Another woman was keen to be involved but she lived in a rural area which would have necessitated a 10-hour return trip to interview her and made the option of participation in focus groups impossible.

### **An issue with contact arrangements**

The telephone number that was given in the media release was that of my shared postgraduate student's room at university. This proved problematic as I was at times unavailable and some women declined to leave messages and, to my knowledge, did not call back. At other times women would phone and want to tell their story to the person who picked up the phone. This was problematic for one of my room sharers and she told me that she did not want to have to deal with these calls. She also saw it as a breach of confidentiality that the women were giving their name and numbers to call back. However, publishing my personal mobile number in the public media was inappropriate. In retrospect the purchase of a mobile phone specifically for the purpose of participant contact would have been more suitable.

### **Follow up contact**

Following telephone contact written information was sent to the women who were interested in participating and who fitted the selection criteria. This information consisted of an introductory letter from my principal supervisor, an information sheet and a consent form (Appendices 3, 4 and 5). With the woman's agreement, I phoned back within a week of posting the information. All were assured that participation was purely voluntary and if, having thought about it, they wished to decline that was

their right. No one declined. At first meeting each woman was asked to sign the consent form before the interview proceeded (Appendix 5).

In the next section the processes of data collection within a relational empowerment methodology are described before the content of the interviews and focus groups are presented and analysed in Chapters 5 and 6.

## **Interview experiences (phase 1)**

By women's choice, 13 of the interviews were held in the woman's home. Two other interviews were held in a private room on university campus because both these women were studying and this option was most convenient for them. The other interview, which was the first and also the shortest, was held at the woman's workplace during her lunch break. In addition to my beginner's nervousness, it could be that the work place lent a formality to this interview that contrasted with the relaxed atmosphere in the women's own homes or familiar space of university campus. This first interview was also the least emotional, and, with hindsight, I wondered if this woman was suppressing emotional expression because she was in her workplace and she had to go back to work immediately following the interview.

At the beginning of each interview I assured the woman that the interview was confidential and that she could stop at any time. I also asked permission before turning the audio tape on. I began the interview with set demographic questions starting conversationally with questions about children. My aim, in addition to collecting demographic material for the study, was to further accommodate the creation of a communicative space based in caring (Pajnik, 2006) between the woman and myself by establishing a friendly, conversational atmosphere. Moving into questions about education level and housing situation etc indicated that we were commencing the body of the interview (Appendix 6). I then said: *'it's over to you now, if that's alright, to tell me about what was going on in your life and your relationship with your baby during the first year of your baby's life'*.

Many of the women introduced their narrative from earlier in the relationship with their ex-partner. In fact, most women did not confine the conversation to the first

year with their babies but spoke of their pregnancies, their children now and events throughout their children's developmental stages. Siblings were referred to often and it seemed awkward to focus on one child if the woman had more. In these instances the woman and I agreed to consider one child as the primary focus but to include references to experiences with the other child/children as well.

Interviews lasted between 37 minutes and 1 hour 35 minutes with most interviews exceeding an hour. The women communicated unreservedly as I established a relationship by listening respectfully and, when a woman became upset, giving assurances that strong emotions were to be expected, considering the topic being addressed. This afforded an ethos of emotional authenticity which continued throughout women's participation in the study. When appropriate I assured women that there was no need to apologise for showing emotions. If a woman was upset during interview I offered to stop the interview but all women who became distressed elected to continue and by the end of interview every woman had regained her composure. The women appreciated that emotions were acceptable and during focus group 1 the women joked together about the tears they had shed during interview:

**Kay:** *I had to use a serviette when I did my interview with Fiona.*

**Jane:** *I blubbed heaps.*

**Lily:** *I cried too.*

Were I to repeat the process of holding semi-structured interviews based in relational empowerment with women who had formed relationships with babies in domestic violence I would ensure that I always carried a box of tissues with me.

The individual interviews afforded rich data. Initially I had designed the interviews to allow for the building of relationship with the women and as a space where they could freely give their account of context uninterrupted by the discussion of focus group. In reality the semi-structured interview led to rich data as well as the establishment of a trusting relationship which allowed a communicative space to emerge and continue into the next phase of the research (Surrey, 1991).

## **Interventions**

There were two instances where at the end of interview I felt ethically compelled to discuss the option of seeking help. Angela was so distressed throughout the interview, expressing grief, self blame and misgiving that I explored possible options for counselling with her. With Athena, I suggested counselling because I was concerned for her and her son. In this instance, although there was no indication of reportable child abuse, Athena's beliefs about her son were disturbing. For example Athena believed that her son had inherited '*bad genes*', she spoke about loving and fearing him and she wondered aloud saying '*sometimes children grow up to murder their parents*'. Although there was no way of knowing if either woman pursued the option of counselling Angela had my message reinforced by other women in the focus group. In further contact with Athena, who did not participate in focus groups, I was able to mention that sometimes it helps just to talk to someone who knows of the dilemmas involved when raising a child after domestic violence.

## **Post transcript visits**

Following the interview visits I transcribed or had the audio recordings of the sessions transcribed by a professional transcription service. As agreed, within two weeks of our meeting, I posted a copy of the transcripts to the woman and telephoned a few days later to arrange a time to visit and review the transcript. The post transcript visits offered the women an opportunity to debrief from receiving the transcript and to make amendments. All the women were happy for me to revisit and several, having thought about their interview, added to their transcript retrospectively. The visits lasted from half an hour to one hour.

At the post transcript visits I asked each woman to choose pseudonyms for herself and for her children and I ascertained when each would be available for focus group sessions.

## Organising focus groups

Having noted when each woman would be available for focus group sessions I found that organising times to suit all was problematic. Most of the women were working part-time with working hours scattered across the week. Weekends were not an option as children were home from school and there were no childcare facilities available. Eventually a time which suited everyone was agreed and I negotiated places for children under five years old with a local occasional childcare centre. I covered the costs of childcare and I compensated for women's travel expenses to ensure that they would not be out of pocket because of their participation.

Eight of the women were available to attend the first focus groups (group A) held on two consecutive Thursdays in November 2009. The women came to a centrally situated Women's Health Centre where I booked a group room with the understanding that we would not be interrupted.

Two of the women did not attend the first focus group as arranged, one because of a family bereavement and the other because she had a sick child. The woman whose child had been sick attended the second session and was welcomed by the other women. Meanwhile, another woman who attended the first group declined to attend the second group. She was highly anxious about leaving her daughter in child care for the first time and was not prepared to do so for the next session.

There was a lengthy delay between the first set of focus groups and the second caused by recruitment issues, followed by Christmas and school holidays. During this time three women contacted me through word of mouth and, following interviews and post transcript visits with these women, a second set of focus groups (group B) were held in March 2010. Two other women who had been interviewed prior to focus group A sessions, but had been unable to attend, subsequently participated in focus group B sessions.

## First focus group sessions (phase 2)

Focus group participation was organised by telephone and followed up by letters which confirmed time and place (Appendix 8). Two days prior to the focus groups I telephoned each woman again to remind her. This proved beneficial as one woman had unexpected problems with her child-care arrangements and I was able to negotiate with the childcare centre on her behalf so that she could attend.

The women entered the first focus group confidently and, as mentioned by the co-facilitator, seemed to already have a positive relationship with me which helped them to feel at ease, able to engage with each other and to have trust in the process. Once all women settled they were asked to introduce themselves and tell the group where their names came from and how they had named their children. I did this so that women would begin to share some personal, yet nonthreatening information with each other as an aid to creating an informal atmosphere in the group. Use of the audio recorder during focus group sessions was not perceived as intrusive and, indeed, in the first session of group B the women joked about needing an audio recorder at home to record their children when they were being cheeky.

While completing the ranking exercise described in Chapter 3, in both groups the women found it impossible to rank hierarchically but they quickly established ownership of the task by prioritising several words and establishing order in rows. Discussion around this task was rich and the women connected relationally with each other, agreeing and offering differing view points.

Later in the sessions, when the women jointly created a group collage to: *'show what it is like to form relationships with babies when in domestic violence'*, they focused on the task, with each woman describing the thinking behind her contribution to the collage. Discussion followed about the factors raised during completion of the collage. Introducing collage work accessed many metaphors which women shared with the group. For instance, in group A Elizabeth related to a picture of the fairy story about the three little pigs and how the big bad wolf will blow their house down *'because that's what it felt like'*. Others in the group agreed. Kay's contribution included:

**Kay:** *That's the cover of The Dark Side of the Moon album and that's kind of where I felt like I was then, I think back now and think it was a really dark.*

This description elicited nodding from other group members and prompted Kate to add:

**Kate:** *I put under the radar there because I felt that with Alan (the baby) when we were still living there, that everything I did with him I had to do under the radar so that I didn't have to share it with his father.*

The focus on creating together helped the women to build relationships with each other and construct a relational space that was relaxed and supportive. The discussions spontaneously focused around issues of context, relationality and subjectivity. In this instance the women's discussion was the focus of data collection as the women's verbal interpretation of their own work was most relevant. In the ethos of relational empowerment it was not appropriate for me to interpret the women's visual representations.

The first focus groups of both sets ended with debriefing and invitations to participate in the next focus group sessions (phase 3). In group A all women, except one who had an appointment, then went to have a coffee together. The women seemed to have quickly established an ethos of mutual support. In group B the women left chatting with each other about how they seldom took time out of their busy lives to undertake creative pursuits.

### **Second focus group sessions (phase 3)**

In the second focus groups (phase 3), after being welcomed back, the women were asked to model with clay an abstract representation of their own experience of forming a relationship with their baby when in domestic violence. This was an individual activity which differed from the previous collaborative collage in that it sought to capture each woman's unique experience. For this reason the exercise was introduced in phase 3 by which time trust has been established. Nonetheless, before we proceeded I warned the women that working with clay can be an intensely emotional experience. I assured them that I did not expect them to create works of

art, at which everyone laughed. With the intent of accessing emotional authenticity I also asked the women to let their hands do the thinking, to start working with the clay without thinking about what they wanted to create.

The women worked in silence while forming their representations then I asked each woman to interpret what they had constructed. The clay pieces produced were photographed and described with the women's interpretation of their own pieces. With the participant's signed agreement (Appendix 5) the photographs were reproduced and the photographs and self-interpretations are presented in this thesis (Figures 4–15).

Working with clay evoked strong emotions and in group A all (including myself and the co-facilitator) were visibly affected by the heartfelt sorrows which surfaced. I was anxious that some women may have been re-traumatised. However, following a break for coffee, the women processed their emotions by mutually supporting each other through shared anger at the abusive ex-partners then pride in their use of agency to remove their children from the violent situation. On this occasion the whole group went for coffee together at the end of this session and swapped phone numbers with a commitment to keep in touch.

In focus group B overt emotions were less universal although several women shed tears. This group was not as cohesive as group A, perhaps because they were a very diverse group representing a multiplicity of backgrounds and experiences. Of the five women who participated one woman was a migrant with an Arabian Muslim background, another was from an Eastern European family, yet another had been an 'army wife' while another came from a wealthy background and the fifth woman's children had suffered severe physical abuse from their father. Although group B's clay work was equally rich and their insights valuable they did not connect as naturally with each other, perhaps because the diversities of their life worlds eclipsed the common experience of abuse.



## **Emotional space**

In this thesis the intention was to ensure that women felt valued and that their experiences, including their emotional experiences, were validated so that a sense of empowerment could emerge. When the women were visibly upset during the telling of their experiences I felt distressed by the depth of their feelings. However several women told me at the end of interviews and after focus groups that they had found it helpful to be heard, even though the emotional reliving had been draining. Several of the women attested that they had gained clarity through the process mentioning that they recalled events and issues that they had not brought to mind before.

At the end of each meeting I asked all participants how they were feeling and what they would do if they felt anxious or down as a result of reliving past issues. We discussed possible friends and family members who could be contacted for support and if there was no-one, as was the case with two of the women, I mentioned the local domestic violence advice line which was included on the contact list provided (Appendix 7).

## **My role as researcher**

The researcher in qualitative research has been described as “the instrument through which data is collected and analysed” (Rager, 2005, p. 24). In feminist terms, the researcher is also a subject, with emotions, perspectives and biases (Hesse-Biber, 2007). In this light the role of researcher has been investigated with particular regard to reflexivity described as pertaining to “a researcher’s power to perceive, interpret, and communicate about others” (Reid, 2004, p. 7). The perspectives and biases that I brought to the research had been developed in social work training and practice and necessitated that I reflected at length about the application of these ‘powers’ to the role of researcher. Overall, although the boundaries were blurred on the two occasions mentioned earlier when I discussed counselling options with women who participated, I found that meeting with women as a feminist researcher was quite separate from my role as a social work counsellor. In the role of a social work counsellor I tune in and empathise with emotions while holding the person in mind

and validating experiences as I retrieve procedural knowledge that may be of use to this person. In the role of feminist researcher I was there to tune in to affect as well as content, to hold the person in mind and validate their experiences without intervention (Wincup, 2001).

Perhaps because of my experience as a social worker at times I felt powerless. I was not there as a person to help with the managing of the emotional self but rather as one who witnessed the emotions. Often when I left a woman's home I felt drained and deeply affected by the trauma that the woman and her children had endured. As a strategy to cope I would write in my research journal about the woman's and child's stories including the emotional content of the interview. In accord with Rager (2005) I found this dissipated my own emotions as well as recording important information which contributed to later analysis. Listening to the audiotapes later still stirred feelings of compassion and concern and I struggled to discern how I could honour the women's emotional authenticity and strengths by finding suitable ways to accurately represent their contributions.

A sense of empowerment for myself emerged when I came to analyse the data and I began to see previously unidentified patterns emerging. Then I realised that the women, given a caring space to communicate, had raised extraordinary new insights for deliberation and debate. My empowerment came through new knowledge created from the experiences of women voiced in a communicative space based in caring. In the next section I describe the system of analysis that I developed to consolidate that knowledge.

## **The process of analysis**

As Buchbinder and Birnbaum (2010) note, the circumstances of data collection aids understanding of the content. In this study, participants' relationships with me and each other delineated the circumstances in which deep and rich data could be collected (Madriz, 2000; Maynard, 1994). In light of this during analysis I relied, in part, on an inductive analysis process to garner themes from transcripts and notes about nonverbal expression (Buchbinder and Birnbaum 2010). However, while

following an inductive process I was mindful of the three major themes of context, relationality and subjectivity identified in Chapter 1 of this thesis. In this way I aimed to:

- comprehend the contexts of women's experiences as a source of data concerning the external elements that impact on mother–baby relationships
- capture how women contributed relationally to forming relationships in the circumstances in which they, and their babies, were living
- validate women's subjective experiences with regards to forming relationships with their babies in domestic violence.

These areas of investigation exemplify matters under-represented in current research concerning the formation of relationships between women and their babies in domestic violence. Using the major themes of context, relationality and subjectivity I applied a content analysis which includes constant comparison, looking at level of consensus and dissension, and at emotional expression to create second order analysis where I consider how the data fits with theory (Onwuegbuzie, Dickson, Leech, & Zoran, 2009). Within these parameters the breadth and depth of the experiences are presented thematically with inclusion of quotes and reference to non-verbal expression and shared experiences.

## **Analysis: a hands on approach**

Data analysis commenced during the data collection phase with note-taking after each telephone call and meeting with each woman (Rager, 2005). I also used material from interview and focus group transcripts, journal recordings, recollections and debriefing notes. Notes taken by the focus group co-facilitator during focus group sessions regarding expressions, body language and her own perceptions of discussion content were included. Immediately following the co-facilitated focus group sessions the co-facilitator and I debriefed together and I recorded the debrief session for inclusion as data. When sessions were not co-facilitated I journalled my impressions of non-verbal expression immediately following each session.

The visual work of collage and clay work, crafted by the women, was considered in the analysis with reference to meanings formed by the women. In this way sub-themes from narratives about individual clay work contributed to the analysis and are also briefly defined following Figures 4–15 and Figures 16–26 which are photographs of each woman's first and second clay work. All recordings from interviews and focus groups had been transcribed verbatim and I spent time simultaneously listening to and reading the transcripts, noting additional emotional content to the transcript when it had not been included in transcription.

Prior to group A focus group sessions I reread transcripts from preceding interviews and compiled a list of sub-themes, adding additional sub-themes from notes. I used the amalgamated list as a basis for analysis, adding from focus groups and further interviews as other themes emerged. In total 76 sub-themes emerged which are presented later in this chapter (Figures 1–3).

I then photocopied each woman's interview transcript on different coloured paper, keeping a record of her and her children's names, her allocated paper colour and the pseudonyms she chose for herself and her children. I then manually coded each transcript. I created 3 folders for the 3 major themes delineated in Chapter 1 of this thesis:

- Context
- Relationality
- Subjectivity.

I listed sub-themes under the major themes of each folder and, using a lot of floor space, proceeded to group quotes from each transcript under the many sub-themes. Each quote was cut out of its transcript and incorporated under an appropriate sub-theme. The quotes, grouped under each sub-theme, were then assembled under recurring themes and stored in the relevant, major theme folders with the origin of the quote identifiable by the allocated colour.

The sections of 76 sub-themes, categorised in 16 themes which were organised under 3 major themes were augmented with segments of discussion from focus groups (on white paper, each identified by different coloured marker). Following later interviews and group B focus group sessions, I considered introducing new sub-themes but I found that all new data fitted with existing sub-themes. However, this second sample proved useful for validating previous sub-themes, themes and major themes (Gribich, 2007).

The tactile and visual nature of working with tangible paper and colours helped me to absorb the data and clarify insights as I worked. It was during this space, where I had the range of lived experiences of the women displayed before me in visual form that new and unique insights became apparent. Following these discoveries I grouped the sub-themes within themes that had emerged. I then organised the themes in a structure which would best guide discussion of the findings under major themes. From here I produced models of the flow of themes from interview to focus group for each heading (Figures 1, 2 and 3). I use the themes as sub-headings in Chapters 5 and 6 and selected content from sub-themes within each theme to exemplify my argument using summaries of discussion and individual quotes to illustrate my findings.

## **Structure of themes**

The following three figures illustrate the insertion of sub-themes into themes which are then grouped under the major themes which entitle the next two chapters.

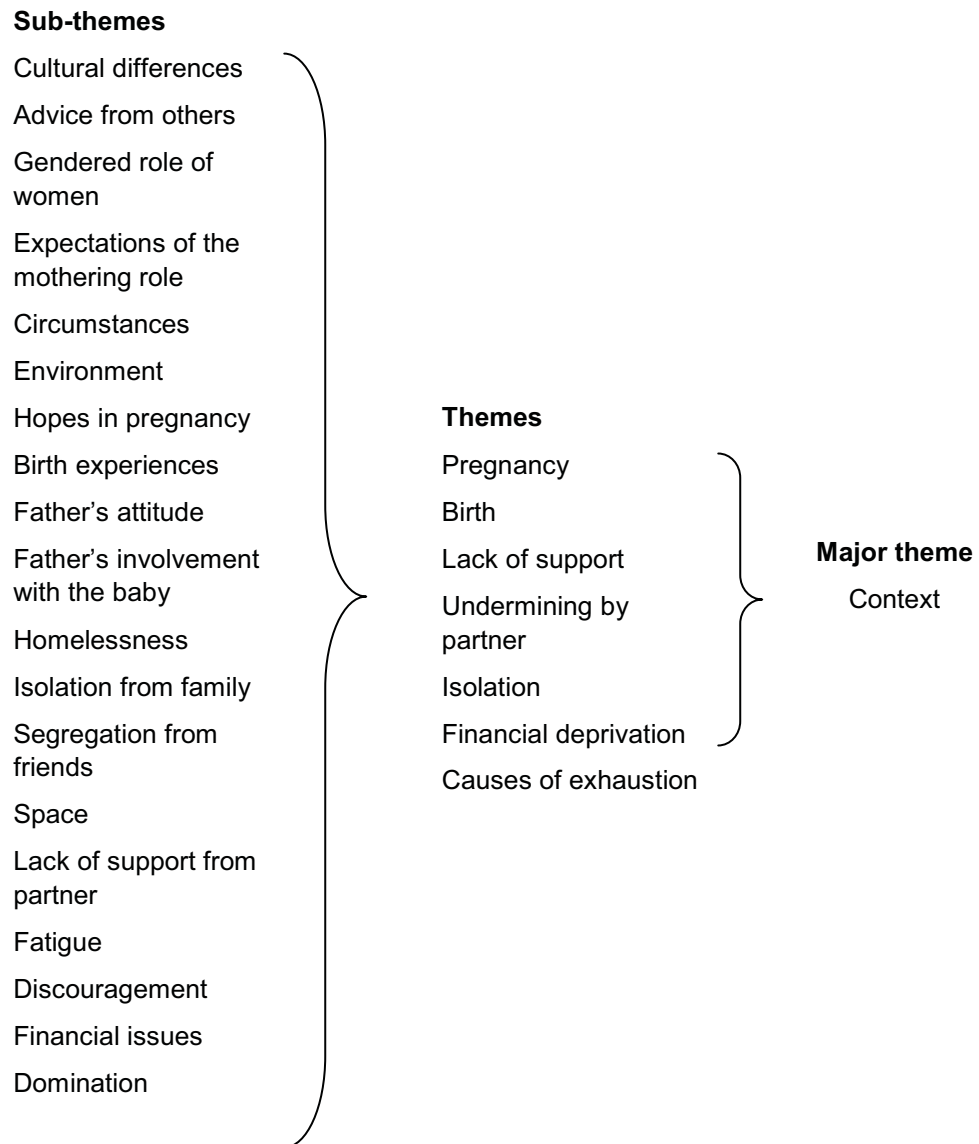


Figure 1 **Context comprising sub-themes and themes**

**Sub-themes**

- Sensitive and responsive care giving
- Encouragement to explore
- Welcoming back
- Empathetic responses
- Teaching
- Playing
- Ensuring predictability
- Protection
- Isolation
- Hyper-vigilance
- Limiting harm
- Mentalising
- Complexity of relationship
- Sensitivity to cues
- Emotional availability
- Nurturance
- Warmth
- Provision of comfort
- Looking for reassurance from the baby
- Closeness
- Non-balanced representation
- Witnessing
- Abuse of baby
- Frightening the baby
- Making the mother unavailable
- Reciprocity
- Empowerment
- Not remembering
- Withdrawal
- Regret
- Fear of harm to baby
- Fear of harm to relationship during violent acts
- Fear of partner absconding with baby

**Themes**

- Fear
- Recognising and responding to the baby's emotions
- Babies in mind
- Effects on relationship with baby

**Major theme**  
Relationality

Figure 2 **Relationality** comprising sub-themes and themes

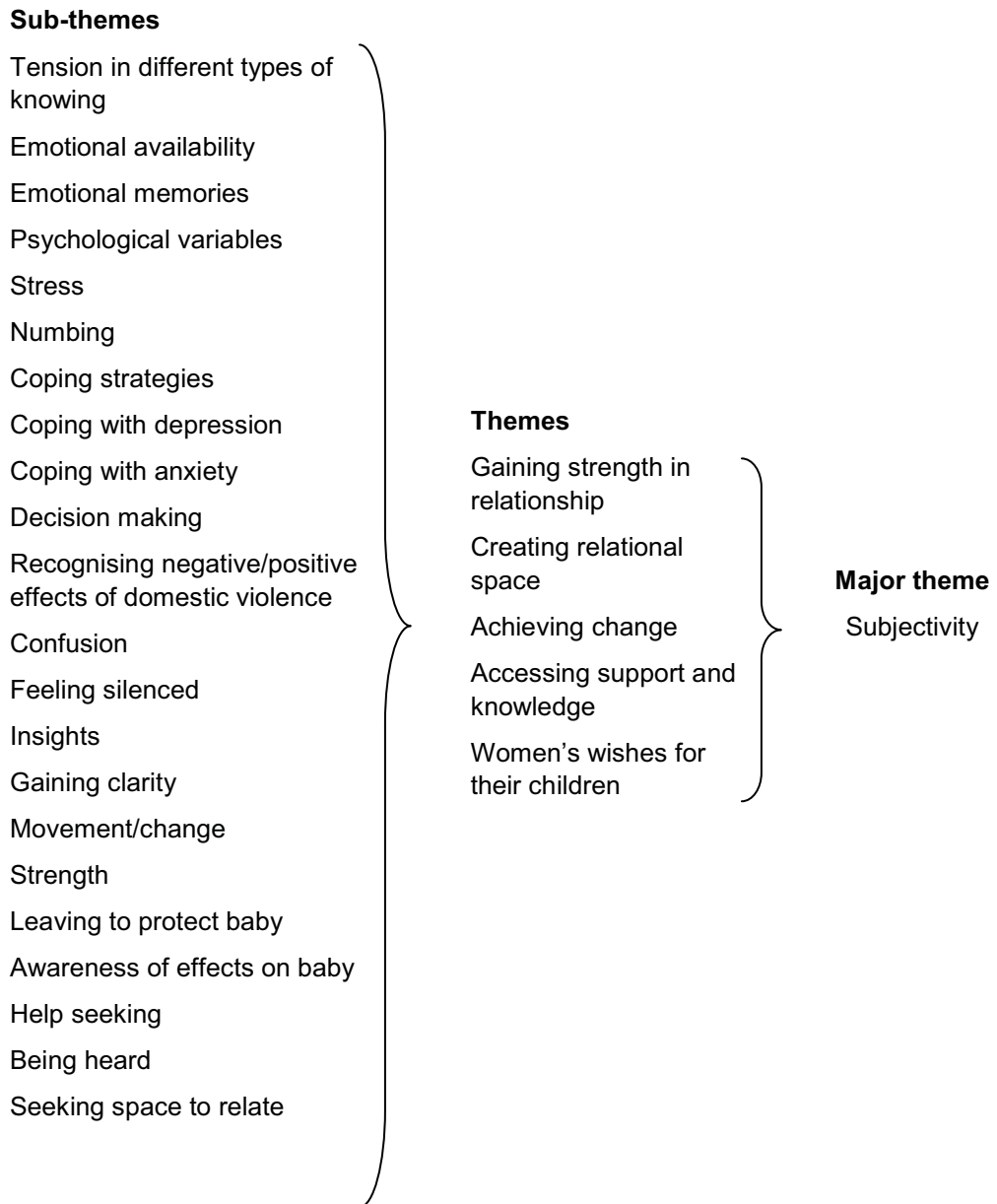


Figure 3 **Subjectivity, comprising sub-themes and themes**



## **On completion: feeding back**

On completion of the data analysis I wrote a brief account of the major points I had found (Appendix 10). As previously agreed I sent a copy of this account to every woman who had participated. When the woman had participated in focus groups I included a photograph of the clay work she had formed to represent: '*what I wish for my relationship with my children in future*'. This was my last contact with the women as participants.

## **Conclusion**

This chapter describes the criteria for participation and the processes of self selection which engaged participants with the research within an ethos of relational empowerment. Ethical issues are considered and the processes of recruitment, interviews and focus groups are portrayed. These are described in detail as the process has been important in this research. The system of analysis that I devised to assemble a consequential thematic analysis is then outlined. In the next two chapters I present the results of that analysis under the major themes of context, relationality and subjectivity.

## Chapter 5

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# ***Complete control over everything:* How perpetrators define the context for the formation of relationships between women and their babies in domestic violence**

### **Introduction**

*'Flying under the radar'* is how Kate described her lived experience when she cared for her baby boy in a domestic violence situation. This term encapsulated her experience of trying to build a relationship with her baby when, from pregnancy, she experienced lack of support, undermining, isolation, exhaustion and financial deprivation. When she used this term to describe how she tried to keep the peace and create the happy, cohesive family unit that she craved, other women in focus group 1 nodded agreement and described their own efforts to 'fly under the radar' to keep themselves and their babies safe. As this chapter develops I elaborate on how the context of the women's lived experiences was defined by the babies' fathers and how the relational space was compromised by him.

This chapter is in two discrete parts. Firstly, in this section I introduce each participant and her child or children and, when the woman was able to participate in focus groups, I present a photograph of the women's representations in clay of *'what it was like to build a relationship with my baby while in domestic violence'*. Preceded by a brief description of the woman's and babies circumstances, the photographs are accompanied by the words that the women used to explain their clay work and my notes of the emotional content. This is particularly valuable because the words alone do not contain the depth of feelings which, when expressed, led to share feelings by all in the group, moved by what we heard and by the emotions we witnessed. The previous work of building relationships with me prior to the group and with each other within the first focus groups allowed for trust that resulted in sharing feelings

and fragility. The women are introduced in the order in which they presented their sculptures. Women who were interviewed, but did not participate in focus groups, are briefly described and the reason for their non-attendance is given.

The second part of the chapter presents findings under the major theme of ‘context’.

## Participants in the first set of focus groups

### Kay and Queenie

Kay's daughter, Queenie, was born when Kay was nearly 37. Kay was working full-time before the birth and is currently working part-time and studying. Kay had her own home which her partner moved into. Now, after having to leave and live in a friend's shed because of her ex-partner's violence, Kay and Queenie are back living in their own home. Kay was physically, sexually, emotionally and financially abused by her ex-partner. She left her ex-partner when Queenie was 14 months old. Queenie is now 8 years old.



Figure 4 Kay's first clay representation (focus group 2)

**Kay:** Mine starts off with me making myself as encompassing as possible, and stretching my arms around and keep her in tight, and my ex was an artist and we enjoyed the thought symbolism, so the symbolism of the snake is him, and me protecting her from him and making a circle in against myself as well, I think, and him—like that feeling of him being all around us, like not just over here like that, but that whole, you know, everywhere you turn he was there, yeah. Yeah, yeah (pause, emotional, jaw trembling) But that, but that part was kind of important, that little gap there between our heads and faces, yeah.

**Me:** So, what does that gap represent?

**Kay:** Hmm that's probably as close as you can go without kissing each other all the time (laughing), and that's it there, so the whole eye contact thing umm is something that's really important and something that was carried on that if I really want to speak to her we have to make sure that we're looking at each other's eyes, because that's, I think, that's when you say what you mean, yeah.

## Angela and Ben

Angela is from Sri Lanka. She was adopted and came to Australia when she was 8 years old. Ben, Angela's only child, was born when Angela was 29 years old. Ben was a very sick baby with extremely bad eczema which resulted in him being hospitalised on more than 1 occasion. Angela had been in the relationship with Ben's father for a year before Ben was born. Angela worked in hospitality and was buying her own home before she became pregnant. Angela lost her home because of financial abuse, plus there was physical and emotional abuse from her ex-partner. Angela has started again and bought another house for herself and Ben who is now 4 years old and a healthy little boy.



Figure 5 **Angela's first clay representation (focus group 2)**

**Angela:** *I don't know if you can see but mine is, mm, kind of hard to explain hmm. I always felt I was ripping us both off from, even through pregnancy, mm, so he's always looking at me to see what's going to happen next because I never knew and I always felt like, what if I could—wanted to give him,(voice breaks, crying, very distressed) I never could,(pause) because I always felt like the ball and chain, like he was dragging me through and I was dragging him through the same thing, so therefore, you know, I felt I never could give him me, that there was never 100% and that nobody knew and I couldn't, you know, nobody knew me well enough to know what was going on in my life, and that was (voice rises, crying) was just (pause) yeah. I found it hard to bond or breastfeed, or to give birth properly, all those things, and I just felt neither of us got the whole, (Pause, crying) any, any, anything from it.*

## Elizabeth and Chris

Chris is Elizabeth's first child, he has two younger brothers. Elizabeth worked full-time in a semi-professional occupation before Chris was born and she now works part-time and is studying. The family was buying a house before Chris was born and now Elizabeth rents privately. Elizabeth's partner was physically, emotionally and financially abusive towards her and she was kept isolated by him. After a stressful pregnancy Elizabeth had a caesarean birth and then for the first 15 months Chris had very severe reflux. Elizabeth found it hard to cope as she was suffering with post natal depression at the time. When Chris was 12 weeks old his father took Chris from Elizabeth and she didn't see Chris for 3 weeks. Elizabeth left for good when Chris was 2½ years old. She left temporarily before that but went back each time in response to pleas from Chris's father.



Figure 6 Elizabeth's first clay representation (focus group 2)

**Elizabeth:** Mine's me with my three children. I've got Chris, Ian and Ben, the baby, holding them close with a blanket around us to keep us warm and close together, and then, a brick wall around to keep everyone out and to keep them safe, or keep people I don't want from getting in close (quietly, quite flat).

## Lily and Poppy

Three-year-old Poppy is Lily's only child. Poppy was born when Lily was 38 and had been with Poppy's father for 3 years. Lily is Maltese. Lily worked full-time before the birth and she works part-time in the same job now but is starting study as well. Prior to separating, Lily and her partner were buying their own house but when we met Lily and Poppy were living with Lily's mother and waiting for property settlement so that Lily could buy again. Lily left Poppy's father when Poppy was 5 months old. Her ex-partner was financially, emotionally and physically violent.



Figure 7 Lily's first clay representation (focus group 2)

*Lily: Mine's sunshine and an angel because my daughter is my sunshine and she was the brightest thing in my life at the time, and she still is (crying). And the angel is because she's like my guardian angel, she is the one that gave me the strength to leave, because it was all for her and if it wasn't for her I wouldn't have left, so she's my little guardian angel.*



## Kate and Harry

Kate was 33 years old when her last child, Harry, was born. Harry is now 7 and he has an older brother and 2 adult step-siblings from Kate's previous marriage. Kate is now back studying full-time as she was before Harry was born.

Kate was in the relationship with Harry's father for five years before he was born. They were in the process of buying their own home. Harry was a healthy baby, born naturally at full term. Kate had decided, when she was six months pregnant with Harry that she was going to leave his father because physical violence had escalated and her partner became emotionally abusive to her sons from her previous marriage. Previously the abuse had been mostly emotional and sexual. Kate left the relationship when Harry was nine months old and the family now lives in community housing.



Figure 8 Kate's first clay representation (focus group 2)

**Kate:** *We've been through it mm. I haven't gone yet (said emphatically—with mock dread—others laugh). I haven't though, I feel like I can now. (pause) That is, that is what I have from my time with my son, and it's nothing, it's just a big black hole of nothing (crying). That's the memories I have from my son and myself together in that hole, and umm that's what stopped us. That's why I have nothing because there is this big wall and this barrier that's stopped us from having a relationship, and it's not anything specific, but it's everything, it's me withdrawing. To protect my children but having to withdraw from them and having to be numb and not feel anything including them, in order to be able to protect them. (very distressed-taking deep breathes) pause. I'm past the tears now I'm just fucking angry. (said emphatically—quiet sympathetic laughter from others)*



## Coongah and Wunyi

Coongah is a 25-year-old Aboriginal woman with 4 children. Wunyi, aged 3, is her youngest. Coongah's dearly loved sister died the day before Wunyi was born. Coongah had been in the relationship with her children's father for ten years when Wunyi was born. Her ex-partner abused her physically and emotionally. Before the birth the family's housing situation was unstable and Coongah was not working. Now she is working full-time and she has recently been allocated state housing.



Figure 9 Coongah's first clay representation (focus group 2)

Coongah was too distressed to speak about her clay sculpture, she was shaking and unable to talk but she agreed to write about her sculpture during the group session. The other women in the group comforted Coongah, brought her water and one put an arm around her. She went for coffee with the other women after the group and when I spoke with her on the phone later she was feeling positive about her experiences earlier in the day and said: *'Hey I've got a new crowd of friends, you know, ones who've been through it too'*.

***This is what Coongah wrote:*** *I'm holding Wunyi and my other 3 babies sitting with me, I've got tears in my eyes, cause I'm in pain and tryin to breast feed, but baby is just refusing, so I'm feeling like a failure, coz this child won't take it, my other 3 are reassuring me it's OK mum. Little did I know all the pain, loss, grief, stress was affecting my babies as well. I saw it in their eyes, so it wasn't just me. Cross represents my sister, my inspiration. Now I'm free, and so are my children.*

## **Women unable to participate in focus groups**

The following five women were unable to participate in the focus groups.

### **Amber and Archie**

Amber had Archie when she was 37 years old. She had been in the relationship with Archie's father for nearly 2 years when he was born. Amber has her own business and has cut down her hours of work since Archie was born. She has an undergraduate degree.

Amber left when Archie was 15 months old because his father was physically and emotionally abusive to her and denied her contact with friends and family. They had been living in a rural rented property prior to leaving and as a single parent, Amber is renting in a country location. Amber was unable to attend the focus groups because of distance.

### **Athena and Bertie**

Athena's only son Bertie was born when she was 32 years old. Bertie is now 7 years old. Athena describes herself as a career woman and was working in administration before Bertie was born. She is now working part-time and studying for a degree. Athena has tertiary certificates. She had been in a relationship with Bertie's father for one year before he was born and the family were buying a house together. Now Athena is buying her own house. Her ex-partner, who is Italian, was physically, socially and emotionally abusive. Her ex-partner's family supported him and contributed to her feelings of isolation. Athena was unable to attend focus groups because of distance.

### **Hilda and Archie**

Hilda has two children named Archie and Violet. Hilda is white Australian and her ex-partner is Aboriginal Australian. Archie was her first child, born when she was 33 years old. He is now 7 years old and Violet is 6. Hilda was working in customer

service before Archie was born and she now works in aged care. She has tertiary certificates in clerical studies.

Hilda was with her ex-partner for six years before Archie was born and they were buying their own house together. Hilda and her children now live in government co-operative accommodation.

Hilda suffered extreme physical, emotional, sexual, social and financial abuse from her ex-partner. Both of Hilda's children were conceived through rape and she was very fearful for their safety from their father. She left the family home when Archie was nearly three years old and has moved interstate to keep herself and her children safe. Hilda still lives in fear of being found.

When I tried to recontact Hilda to invite her to the focus groups, which she had been interested in attending, her telephone was disconnected and the letter that I sent was returned.

## **Sally and Zac**

Zac, who is now 3, was born when Sally was 29. Sally's family is from Sweden and Zac's father is Polish. Sally was working in administration before Zac was born and she works part-time for the same organisation now. She has an undergraduate degree. Sally is now renting accommodation while waiting for property settlement but previously she and her ex-partner were buying their home. They had been a couple for eight years before Zac's birth. Sally left when Zac was two years old because of emotional, social and physical abuse from his father.

Sally could not attend the first focus groups because of a family bereavement and, having agreed to participate in the second set of focus groups, 2 days before the first group she emailed that she could not come. No reason was given and I emailed back saying that she would be welcome to attend the second focus group to be held a week later but she did not respond and did not attend.

## **Jane and Jessica**

Jane was living as a boarder in Jessica's father's house before their relationship started. Jane is Australian and her ex-partner is Greek. The relationship had been ongoing for 18 months before Jessica was born. Jane now rents privately and shares with a housemate. She was unemployed before Jessica was born and is now a full-time mother. During pregnancy, and when Jessica (now two years old) was a baby, Jane was terrified of becoming homeless given that she saw herself as having no claim on her partner's mortgaged home. Jane's partner was sexually, financially, emotionally and physically abusive. Jane left him when Jessica was 6 months old and her family, from whom she had been estranged, offered support.

Jane chose to attend only the first focus group. She put Jessica in childcare for the first time to do this and was not comfortable about doing this.

## Participants in the second set of focus groups

### Tanya and Angus

Tanya is from the UK and her ex-partner is Australian. Her son, Angus, was born when Tanya was 30 years old, he is now 2. Tanya and her ex-partner also have a 9-year-old daughter, Ruby. Tanya was working in telemarketing prior to Angus's birth and now works casual hours as a landscaper. She left Angus's father when Angus was 4 months old but she had been seeing a domestic violence counsellor since she was 4 months pregnant because of her ex-partner's emotional, financial, social, and latterly, physical abuse.



Figure 10 Tanya's first clay representation (focus group 4)

**Tanya:** So this is me and at the bottom there's some awkward shaped circle because I'm an awkward shaped object with lumps and bumps and this is Ruby and Angus on the side because I think, and I've got pokey bits on it because I feel like at that time we all had holes in us, holes in everything, emotionally, mentally, not physically but just exhausted and holes in what had been normally, the uncertainty, you feel like bits of you are leaking out, sort of emotion flooding out and clinging to the side of me and all of this on top is just all the other stuff of life, the big and the small just issues and that's all got holes in it as well and it's not particularly orderly and it's complicated and there's just a big mess and it's all on my shoulders. I just felt like they were just clinging to the side of me and like this stuff was taking over. Trying to keep some sort of normality for the kids as well, have fun or go places but being scared as well to step out of that and just trying to keep it as normal as possible, so much weight on your shoulder and just feeling really buried underneath it and not a lot of time for fun and relationship forming, I look at mothers and babies now and I just think you've got that time to sit, just enjoying each other, so much of it was wasted in his first year, such wasted time just coping with all this other stuff going on, just feeling really sad and it just flew by the first year and he's almost three and it's gone so quickly and that was wasted and I feel so cross that that was the situation that I was in (distressed and crying).

## Chantelle and Roxi

Chantelle has two daughters aged 12 and 10. For the purposes of this research she focused on the younger daughter, Roxi, but she also refers to the relationship with her older child, Jess. Chantelle was a full-time mother before Roxi was born and she is now undertaking full-time, postgraduate studies. Chantelle is Australian and her ex-partner is English. They were buying a home together and now Chantelle has remarried and again has a joint mortgage. Chantelle was in her previous relationship for 8 years before Roxi was born. Her ex-partner left when the children were 4 and 2 years old. Previous to the separation Chantelle's ex-partner was emotionally, sexually, financially and socially abusive.



Figure 11 Chantelle's first clay representation (focus group 4)

**Chantelle:** Okay there's the canyon, bottom of a canyon, me as a big fat lady pig looking in my heart that's broken and then the kid's hearts that are broken, there's a canyon in there that's a wall because I can't get in there and even, I guess, love them or wanting to love them but not knowing how and yeah, thinking about or wanting to love them to a certain point but not being able to because, I guess, with all the daily stuff you just can't. One of the reasons after being remarried now and wanting to have a baby is to actually be able to do it right next time because their hearts are still broken and they're kind of in the wall with me but we're not accessing each other. I think that's about it. (Visibly upset)



## Selma and Ken

Selma has 5 children and Ken, Selma's 4th child, is now ten years old. Ken was 3 years old when Selma left his father because of extreme physical and emotional abuse. The family is Lebanese and Selma completed some high school in Lebanon but because of cultural values she did not work after school. Now Selma works as a volunteer. Selma's partner brought her to Australia from Lebanon but did not allow her to learn English, to learn to drive or to leave the house. She was very isolated and is still fearful of meeting others from the Lebanese community in case her ex-partner hears of her whereabouts.

Before Selma left her husband they were buying a house, now, having fled interstate to escape the violence, Selma and her 5 children rent a Housing Trust property. Selma says that Ken's birth was normal and he was a healthy baby.



Figure 12 Selma's first clay representation (focus group 4)

**Selma:** *When the children in my life start turn badly, and I put myself back in the violence and you had that baby you feel like you had it with the wrong time, because you been with him and violence has been in everything for him and you're watching your baby cry and you just sit down and cry and leave your baby crying and sad as well and even the mother feeling unhappy as well. So you end up with one or the other so that's how I feel, sad all the time with my life, I've never been happy.(pause). You feel like if you hate yourself you can't give love for your baby. For me I hate myself more so you don't have inside you to give it to your baby. (quietly, flat and sounding sad)* **Selma explained later that the big mound of clay represents the rock that was in her head.**

## Sarah and Tom

Sarah was 23 when her first son Tom was born. Tom is now 5 years old and he has two little brothers, Ben, aged 3 and 1-year-old Duke. Duke is the son of Sarah's new partner. Sarah worked in retail before Tom was born and she is now studying. She was with Tom's father for three years before Tom was born. She and her ex-partner were buying a house together and Sarah now rents privately. Sarah's ex-partner was physically and emotionally abusive to her and to the children. He was also financially abusive and kept Sarah isolated from family and friends. Sarah left when Tom was two and a half years old. Tom has help with developmental delay issues which have been linked to past abuse.



Figure 13 Sarah's first clay representation (focus group 4)

Sarah had great difficulty speaking about her representation in clay, she found the clay work very confronting:

**Sarah:** *So much easier doing a collage! I can't think of words to put to it anyway, because I can tell you how it affected us but I can't prove that with clay.*

**Me:** *Okay do you want to speak about how it affected you?*

**Sarah:** *Well it is that overprotection, it's like you become, with me I had to go back to work straight after, he was five months and I went back to work so it means I cut down on my breastfeeding and everything like that and that's when I felt my connection got broken because he made me go back to work, he refused to go and look for a job so I felt like I got pushed away from him.*

**When I contacted Sarah after the focus group she said her clay work represented 'a confused mess'.**



## Stephanie and Charlie

Stephanie's family of origin is from the Czech Republic. Stephanie had Charlie, her first child, when she was 25 years old and had been with Charlie's Australian father for 6 years. Charlie is now 7 and Stephanie has 2 younger sons as well as Charlie. Stephanie's partner is in the army and the family moved frequently, living in army accommodation at different army bases throughout Australia. She now rents accommodation for herself and her 3 boys. Before Charlie's birth Stephanie worked as a nurse and she now mothers full-time.

Stephanie left Charlie's father because of sexual and social abuse. She describes Charlie's birth as natural and says he was a healthy baby.



Figure 14 **Stephanie's first clay representation (focus group 4)**

**Stephanie:** Well this is me and I'm empty inside but I'm closing off and this is my son and because I'm closing off from him because I'm focussing too much on the wanker, he can't get in and I'm sort of not letting him get as close to me as he could if I was open and he could just fall in. So there you go.

## **Clay as emotional work**

The women worked with clay in the last focus groups when they had already recounted their stories to me in interview as well as discussing and working together on the ranking exercise and collage with the other women in the first focus groups. As such the clay work was a culmination of the women's focus on their relationship with their babies. It was also positioned at a phase where relationships had been built and trust established. The issues encompassed in the women's sculptures and words exemplify the findings at a deep and emotional level. With insight and emotional integrity the women uncover their experiences of:

- living with sustained hostility
- protection
- withdrawal
- strength
- isolation
- feelings of failure.

In the next two chapters these issues are embedded in the themes which are explored and analysed.

## **Demographic data**

In addition to introducing the women and children through their clay work and words, demographic information about each woman and her children is provided in Appendix 12. As this information illustrates the women came from diverse socio-economic backgrounds and from different cultures.

## Context

In this section the focus is on the major theme of context. I describe the contexts which encircle relationships between women and their babies in domestic violence. The context in which women form relationships with their babies in domestic violence is offered as the first stratum of the ‘unobserved’. Because several women focused on the time before birth I start with the context of women’s pregnancies and follow with birthing experiences when women described being abused emotionally and the circumstances in which this happened. I also build a picture of the women’s affective responses to their circumstances which often led to them placating in attempts to influence their partner’s behaviour. I illustrate these and lived experiences during the first year of the babies’ lives with summaries and salient quotes from interviews and focus groups including reference to my impressions and the emotional content of the discussions. Examples of coping without support, being undermined in the mothering role, isolation and financial hardship are revealed and explored.

Table 1 **Context themes raised in interviews and focus groups**

Themes	Interview	Focus group 1	Focus group 2	Focus group 3	Focus group 4
Pregnancy	11			Yes	Yes
Birth	9	Yes		Yes	
Lack of support	15	Yes	Yes	Yes	Yes
Undermining by partner	13	Yes			
Isolation	11	Yes	Yes	Yes	
Exhaustion	11	Yes		Yes	
Financial deprivation	7	Yes	Yes		Yes

## Context of lived experiences

### Pregnancy

This section begins with issues concerning pregnancy because in this study, during interviews and focus groups, most women who participated indicated that their partners undermining and attacking behaviours predated the birth of their babies. The

women spoke freely and often with intense emotions about the circumstances of their pregnancy, birth and of the contextual factors in which they formed the relationship with their babies in domestic violence. Some of the material presented resonates with previous feminist research findings about mothering in domestic violence which has been outlined in Chapter 2 of this thesis (Humphreys, 2007b; Mullender et al., 2002; Radford & Hester, 2006).

Women in this study frequently started telling their narrative with experiences of domestic violence during pregnancy. They perceived this as relevant to the unfolding of the relationship with their babies. This correlates with evidence noted earlier in this thesis that women's relationship with their babies begins to form pre-birth (Quinlivan & Evans, 2005; Sandbrook & Adamson-Macedo, 2004). I take up women's discussion from focus group 1 here to illustrate where, in light of the procedural knowledge (Jordan et al., 1991a) they had acquired since leaving, the women discussed how unsupported they felt during a time that they expected to be happy and sustained by the relationship with their partner. This conversation started with one woman's concerns about the advice of a service provider:

**Jane:** *My doctor's advice was once you get pregnant, he'll be okay, then once you're pregnant then you two can talk about what the name's going to be and that will make him happier. That doesn't make men stop being abusive!*

**Kay:** *It makes them more controlling.*

**Elizabeth:** *My understanding is that pregnancy can escalate domestic violence.*

**Kate:** *It does because they're not number one anymore.*

**Kay:** *The counselling I was in, they said that domestic violence during pregnancy is actually higher because the man feels his control is slipping away.*

**Kate:** *You're going to love something else more than them.*

**Elizabeth:** *Yeah that's right.*

**Lily:** *It's not just you and them.*

**Jane:** *And I do feel that's a catalyst for, I used to sit and put up with it and take the doctor's advice of he'll get better once, once she was there, it's like I had to protect that girl, had to protect her no matter what it took, I had to protect her.*

**Lily:** *I was going to say I think it escalates on every level, physical, emotional, it just gets really bad.*

Lily who suffered gestational diabetes, was on a very strict diet and was injecting herself four times a day. Lily told the group how her husband used to eat a whole packet of her favourite chocolate biscuits in front of her, complain because she had no energy, stay out late then come home drunk and bring his friends round expecting her to prepare a meal. Lily spoke about her expectations being shattered and her grief was apparent as she told of how her partner treated her with disdain while she was ill and incapacitated during pregnancy:

**Lily:** *He wanted the whole perfect thing and when he didn't get it, that's when a lot of the problems started, I didn't have a very good pregnancy, I was quite sick, I put on a lot of weight so I wasn't the perfect skinny little pregnant with the belly, I was the big fat full of fluid, diabetic kind of carpal tunnel pregnant woman and he didn't cope well with that because I wasn't pretty, petite and pregnant.*

*As my pregnancy progressed it got worse, the abuse, the verbal abuse mainly, the alcohol induced rages, you know, the going out, not coming home, coming home at 5am blind drunk after being with his mates, things like that.*

Lily was one of several women who expressed anger about how she was treated during pregnancy. In her interview Athena spoke of being sick and bed ridden and having no support from her partner who left her at home alone with an aggressive Rottweiler that she believed her partner had turned against her. Athena was very frightened.

In another instance, Jane told her story of being physically attacked during pregnancy. She described a situation when she and her partner were arguing:

**Athena:** *He tried to grab my phone off of me, and so, he's wrestled me to the ground, grabbing my phone off me, and I'm 16 weeks pregnant, trying to keep the phone, trying to protect myself from him because he had me—he was over the top of me, down on the ground—he's about 30 kilos heavier than me—pushing me down. And he managed to get the phone out of my hand, and then I kicked up—yeah I kicked up, and I kicked him in the nuts. And yeah he then punched my face in—yeah, four—I think he hit me four times. But it was bad, like my nose was on the other side of my face. I was all puffed up. And if I wasn't pregnant, I*

*would have fought back. I was just covering my belly. I was just taking it, and taking.*

*And he went out, and I thought, no stuff him, I'm not here—I don't know whether, if I'd had the—I was 16 weeks pregnant—if I was under 12, I don't know if I would have gone and aborted. I may well have done, very may well have.*

Jane, very eloquently, shares her distress and ambivalence as she vocalises the complexity between physically trying to protect the foetus and wondering if she would have terminated the pregnancy if this incident had happened earlier. Jane was living in her partner's house having moved there initially as a lodger. With no supports she was very fearful of being pregnant and homeless.

**Jane:** *He also was continuously threatening the roof over my head. That was a huge thing. It was a constant fear of homelessness-constant, constant.*

Talking about later in her pregnancy Jane said '*towards the end I was sort of talking to her (unborn baby). And now, I (pause, voice cracks, emotional) love her. Yeah but it was hard*'. Jane, now out of the abusive relationship, has built her life around her daughter and worries about being overprotective.

In focus group 3 there was a brief conversation when four of the women shared information about the restrictions on their behaviour and the expression of emotions during pregnancy:

**Stephanie:** *You had no choice and it's like when you're pregnant you don't have any choice about how you're meant to feel you're meant to feel fine, you can't have anything wrong so you're meant to be perfect.*

**Chantelle:** *And you're meant to still be able to do what you did before even you got this great big gut you can't-*

**Sarah:** *Yeah, no matter what they do during the pregnancy, so if you throw up you're not allowed to throw up in front of them you have to go somewhere else and do it.*

**Tanya:** *Yeah, lots of hidden emotions, I can relate to that.*

Tanya, who concluded this short discussion, had described in interview how her partner had insisted that she keep her pregnancy secret. Hilda, who did not

participate in focus groups, had also been forced to hide her pregnancy. In interview she spoke of having to wear a heavy coat when outside during a hot summer so that the neighbours would not know of her pregnancy. She described isolating herself from friends and family so that no-one would guess. Hilda was very frightened of her husband who threatened to kill her if she told anyone about the pregnancy. Despite his wishes, Hilda had refused to terminate the pregnancy:

**Hilda:** *I was scared, because I thought he was going to hurt us and everything, and, he was really psycho, and he, we had this little bird, a cockatoo, a major Mitchell, and he was about 60 years old because we got him from neighbours, and he just went off, Archie's father, and he belted the bird up, like and I was pregnant then, it was so horrible, that was 2 months before Archie was born and the bird died, and he reckons that I'd done it, hurt it and that sort of thing, it was just, yeah, it was really sad, so it was really horrible, and I was, anything I did it wasn't good enough, you know.*

Hilda's story describes an incident where there is no physical violence to her that would be recognised from a family violence approach, but in telling of this incident it can be seen how Hilda was affected and how threats and emotional abuse impacted despite her partner not hitting her during pregnancy.

Hilda's example resonates with others' experiences. Lily, Kay and Elizabeth all described times during pregnancy when they felt unsupported and emotionally abused. However, through the lens of a family violence perspective they would not have been identified as subjected to domestic violence during pregnancy. The women would also probably not, at the time, have identified themselves as abused but they variously described feelings of shock, disillusionment and despair during their pregnancy.

The women spoke with hindsight and procedural knowledge that they had attained since leaving but they were very aware of how their predicament at the time compared with society's idealised perception of pregnant women, loved and supported by a dutiful partner. Lack of support was a central theme with regards to pregnancy. Kate went so far as to state that it was this, rather than the verbal and physical abuse she sustained that made her decide during pregnancy that she was going to leave the relationship.

Several women shared their stories of lack of support during pre natal hospital visits, with partners refusing to come to scans, appointments and birthing classes. During her first pregnancy Selma's partner attended hospital appointments with her, embarrassing her by creating scenes if they were kept waiting. During her four subsequent pregnancies Selma's partner did not allow her to attend any hospital appointments. This would not be identified as an element of domestic violence in the attachment field which observes the relationships between women and their babies without exploring the context in which the relationship formed.

Sarah's partner insisted on accompanying her to every appointment and when the other women in the focus group mentioned their partners disinterest she exclaimed '*I wish!*' She had felt controlled and smothered by his domination of her pregnancy and his intrusive presence at hospital visits. In contrast, Stephanie's partner had been attentive and caring during her first pregnancy and she looked back on this time as a happy point of their relationship, one that would end shortly after the birth of her first baby.

The disparities between the women's stories illustrate that when domestic violence is noted with regards relationships between women and their babies the complexities and differences in experiences are missed if assumptions are made without considering the individual's experience. It is also of note that many women were well aware that the potential bond they felt with their baby alienated their partners. This, in addition to the experience of being unsupported and abused during pregnancy, seems to have sharpened feelings of protectiveness towards the baby. As an earlier qualitative study (which was not considering domestic violence in particular) has noted re maternal-foetal attachment, protective feelings towards the unborn baby were most pronounced when the women's partners were unsupportive. The study found that women who were not supported saw the unborn baby as belonging to them and dependant on them (Sandbrook & Adamson-Macedo, 2004). When I interviewed Jane she exemplified this when she said '*I felt she was more mine than his. I felt ownership for her*'. Tanya demonstrated her protective feelings towards her unborn baby saying:



**Tanya:** *I was aware of how I was going mentally and physically could affect him. I really tried to keep what was happening on the outside and not get stressed-not affect the baby. I was trying hard not to get stressed because I'd read that it affects the baby.*

Although most of the babies were planned, it is worth noting that three were not and of these women two mentioned 'loving and hating' their children, a reference to their ambivalence about having the babies and, perhaps, related to their lack of choice. Athena described herself as 'not maternal' and not ready to have a child but she felt that she was pressured by her partner to become pregnant. Selma never had a choice, her partner insisted that she had sons and she was too afraid of him to use contraception that he did not approve of. In interview she told me that if it had been her choice she would only have had two children. When I asked Selma if his attitude was typical in their culture (Lebanese) she said it was not and in equal relationships men and women would decide together. The third woman whose pregnancies were unplanned was Coongah, and although she did not speak of pregnancy at all she said that she just loved her babies: *'They are my pride and joy, when they come out you know, she was my baby'*.

## **Birth**

The event of birthing while in domestic violence was an experience that was poignantly remembered by several of the women in interviews:

**Lily:** *I feel robbed that it wasn't that beautiful experience that couples have, you know there was always that tension in the back and I still felt I was trying to please him and not get into trouble when I was having a baby-ridiculous, yeah.*

Lily's disappointment was echoed in interviews with Kay, Chantelle and Athena who all felt that their birthing experiences were tainted by the pressure to put their partner's needs before their own. In other examples of issues around the time of birth, Angela spoke of how her partner had not attended the birth despite her wishes and Sarah's partner had gone out of his way to do the opposite of what was agreed in their birth plan. The issue of birthing was raised again by both groups of women in focus groups 1 and 3 when discussion focused on lack of support and women feeling that they were being held responsible for their partner's wellbeing during birthing.

Kate described being blamed for not providing her partner with a good birthing experience because her son was born with the cord round his neck, needing intervention which meant that he could not initially be held by his father. Kay's anger about her birthing experience was still apparent as she responded that her partner complained because she had a long labour followed by an emergency caesarean and he was tired *'It was my fault Flinders (Hospital) didn't have a bed for him to sleep on properly, go figure huh!'*

Much of the discussion about birthing in focus groups was accompanied by laughter and the amusement which is possible with hindsight when sharing memories with understanding others. However, when Selma told her story the group became quiet and, in sympathy for her, several cried.

With her first child Selma felt that the birth was imminent and insisted that she and her partner go to the hospital. Selma was in pain and sure that the baby was coming but three nurses checked and said that Selma was not in labour and would have to go home:

**Selma:** *And they said (to my partner) you have to take her home or let the male doctor check and he (my partner) said it's up to her and me I know the pain, I know. I have no English and I said OK so one of the doctors check me and he said you need to take her to the room, delivery started, otherwise you'll have it in the car. But do you know how much he (my partner) abused me when I went home? He (my partner) said, I thought you would say to him no, for him to touch you, you're happy for him to touch you, somebody else to touch you. I carried the baby and blood everywhere on him (the baby) because he hits me really badly.*

With her second child, because she had extensive bruising from previous beatings, Selma's partner prevented her from going to hospital and her baby was born at home with no medical assistance. In contrast, Stephanie cried when she remembered the birth of her son because her partner had been really supportive during the birth. It was one of the last times she felt supported by him.

In the third focus group Chantelle tearfully told the group that she really wants to have a baby with her new partner because she would like to experience an enjoyable

pregnancy and to have a labour where she wouldn't be apologising for keeping her partner awake. She also described how her partner refused to drive her home from hospital with her new baby, insisting that she drive, despite having a stitched episiotomy which made shifting gears extremely painful for her. Tanya wept in commiseration and Sarah mentioned that although Chantelle described herself as '*only emotionally abused*' making her drive in these circumstances was a form of physical abuse. On this, and many other occasions, in focus groups the women validated each other's experiences.

In the following sections I investigate how women in my study experienced their partners' attitudes towards their babies and towards themselves as mothers during the first year of the baby's life. This includes withholding support, deliberately isolating, financial deprivation and undermining. As noted in Chapter 1 of this thesis these factors have previously been identified as aspects of the constellation of abuse (Dobash & Dobash, 2004; Stark, 2007; McKinnon, 2008).

### **Lack of support**

Once women took their babies home from hospital many found that lack of support, which started in pregnancy and childbirth, was exacerbated and compounded by caring for a new baby with little or no help from the partner. At a time of increased dependency because of recovering from birthing, transitioning to the role of motherhood and adjusting to change in responsibilities and social mobility, most of the women hoped that parenting would be in partnership. Jane put her reality very succinctly:

**Jane:** *There's nothing wrong with how much he loves her, but getting off his arse and getting her food or changing her nappy—no. No, no, no there's a woman there to do that.*

Similar views were reiterated during Kate, Chantelle, Stephanie and Amber's interviews although partners' positive emotions towards the baby were not specified. Tanya described how her 7-year-old daughter from a previous relationship was more of a support to her than her partner: '*It was all very chaotic but she (daughter Ruby) was very helpful and getting him (the baby) fed and trying to boost my feeding him*

*and what have you*’. Sally felt that her partner was jealous of her staying home with the baby and, as punishment, would not help her at all with housework, cooking or care of the baby. Amber observed; *‘I didn’t get any help, I just kept getting the: “you need to do this, this and this and this”’*. Kate, Hilda, Elizabeth and Chantelle all commented on how they were expected to keep the babies and the house spotlessly clean at all times and they felt that this precluded the building of a relationship with their babies. As Kate explained:

**Kate:** *So yeah, I didn’t get to spend the time that I wanted to with Harry (the baby), cuddling him and didn’t get to sit down and read books to him when he was really little, and, (pause) you know, do all those little things you want to, spend the time playing on the floor, and that. Was always having to do other things to prevent problems.*

**Me:** *Okay. So problems with his father?*

**Kate:** *Yeah, I mean, just the fact that you had to make sure that dinner was on the table, that the house was tidy, that Harry was clean, he’s a kid, he’s not expected to be clean! It’s like, okay he should be home in the next half an hour, let’s get you changed Harry, but you can’t eat anything now, even though you’re hungry because your father’s going to freak out if you actually got food all over your clothes.*

As Caro and Fox have noted, when women become mothers the understanding that gender expectations still exist becomes a reality (Caro & Fox, 2008). Caro and Fox speak about the work-place and community but in the case of domestic violence the stereotyping of women’s role is exemplified at home when women are given sole responsibility for keeping babies immaculate and ensuring the smooth running of the home. Women in my study felt obligated to do this so that the partner could be assured he was in control of the family unit. The effects of this are felt keenly as is demonstrated in this excerpt from focus group 1 when the women were ranking cards with themes garnered from interviews (Appendix 11):

**Kate:** *Protective and withdrawn, I felt the most.*

**Me:** *So you’d put that at the top?*

**Kate:** *Yes.*

**Lily:** *I would put isolated and fearful.*

**Kay:** *Exhausted and stressed as well.*

**Me:** *Exhausted and stressed came into it as well?*

**Kate:** *Funny my exhaustion probably left because I'd spent years of not being able, being kept awake at night and his carry-on all the time and never being able to sleep so finally getting away, even though we were living in an isolated situation, I actually got more sleep than I ever had, even before my baby was born. But the protective thing I think still goes with you, being over protective of them especially when they (partners) give you threats of I'm going to come and take them away, I'm going to come and bash you, I'm going to come and do this. You just become so protective of them.*

**Kay:** *And fearful at the same time.*

**Jane:** *Yeah.*

**Me:** *Protective and fearful?*

**Kay:** *And when you're stressed, that level just doesn't stop.*

**Jane:** *No.*

**Me:** *You had an interesting thing to say when I interviewed you Elizabeth, which was about that protective stuff; do you remember what you said?*

**Elizabeth:** *Yeah, it was along the lines of I was so busy protecting Henry that I didn't get the chance to spend the time with him, bonding with him and didn't get to play or anything, I was constantly making sure that everything was perfect so that we didn't end up with all the angst from things not being the way they're supposed to be so I didn't get the time to spend cuddling and playing with him.*

**Kate:** *The normal things that you do.*

**Elizabeth:** *That you normally get to do, I was so busy trying to make sure that everything was perfect so that we didn't get the yelling, screaming the hitting, all those things, so it was trying to protect him the whole time from that.*

**Kay:** *Yeah, I think while you're in the relationship you tend to be working extra hard to make sure you don't cry at the wrong time, make sure there's not too much baby mess around, make sure there's not this or not that and then if you're exhausted from breast feeding all night or a crying sick baby that you're actually not having anyone to tell that to, you can't talk to your partner about it because then you should be doing this, this is your job, all that sort of thing.*

**Elizabeth:** *Making sure that the house is absolutely spotless, dinner is on the table, everything is ironed, all the things that have to be done, all that's done regardless of the fact that you had a baby to look after, there was no time left.*

**Me:** *I see you nodding Angela?*

**Angela:** *I'm just trying to see which word would most describe. I think it's more shameful, guilt for bring a child into that situation, being like this and*

*not being able to, he (my son) doesn't know what the difference is, he used to always know me as being stressed out and crying and he's never known me otherwise, and him reacting accordingly because you're always trying to be someone, you are not you and that was my, (crying, very distressed) oh, 'you can't even have me' and so we've been getting to know each other.*

(Kay passes the tissues to Angela. Others look down, the atmosphere is heavy and there is a pause)

**Kay:** *I think with what she's saying there, you feel really ripped off that you didn't get that beautiful little cocooned TV lifestyle of being the perfect mum that's in tune with their baby and you can just, you miss out on all that and I'm eight years down the track and I still feel ripped off, I do get that, -*

**Kate:** *That's where the anger comes in.*

**Kay:** *There's all these things, that there's no routine in that sort of ridiculous lifestyle, you don't know when there's going to be someone freaking out or kicking a door in or acting like a prince in front of your family and the one time they start behaving, then you feel like, how can you possibly say and the hopeful thing is that when they do that, when they walk around with that baby, I remember mine walking up and then all the nurses in the hospital thought how wonderful he was. (said quietly—expressed with anger)*

**Kate:** *Mine used to do that just for show.*

**Jane:** *They're great at it, it's fantastic, they're really good at it, it's a skill.*

**Kate:** *I didn't even realise that I had been ripped off until I did my interview with Fiona and really thought about my relationship with my youngest and I don't have a memory of playing with him and I don't have a memory of anything but protecting him, holding him and trying to shelter him and all that other stuff, the exhaustion, the stress, the shame, the fear, I withdrew and it was all there but I refused to acknowledge it and just withdrew so that I could get on with it.*

This discussion was rich with the women's emotions and insights. In the communicative space where they could share feelings because of common ground it was safe to cry and to speak about their experiences in the knowledge that they would be understood (Pajnik, 2006). In the spaces between the women they generated a picture that exemplified their struggles to physically care for new babies while domestic violence defined the context.

For some women who participated in this study there was also wonder at looking back to a time where their subjective selves were existing in chaos, trying to deal

with their emotions while managing their babies in such destructive circumstances. Elisabeth's mention at interview that '*I was too busy protecting Chris (her son) to attach to him*' struck a chord with me because I understood from the literature that attachment relationships form the basis for protection (Bowlby, 1980, 1988; Goldberg et al., 1999 b; Prior & Glaser, 2006). This was why I asked Elisabeth to repeat what she had said in focus group 1 so that I could gauge the others reactions. The resulting conversation confirmed that others in the group experienced protective feelings without having had space to build a relationship with their babies. Nevertheless, it was not until I came to analyse the first focus groups A transcripts (groups 1 and 2), that an emerging pattern materialised. I then revisited interviews and paid particular note to examples of protectiveness and the restrictions of space in which to relate to the baby. In subsequent interviews and in focus groups B (groups 3 and 4), I did not raise the subject of protectiveness but still the dual focus on protection and lack of space to form a relationship prevailed. These findings will be presented further in Chapter 6 and discussed in Chapter 7.

### **Concerns for babies' safety**

The difficulties of trying to maintain impossible standards while struggling to shelter babies from abuse left bitter memories of a time that the women had expected shared joy. Kay recounted that when she was forced to go back to work her partner, who was looking after the baby at home, would phone her to let her hear the baby screaming:

**Kay:** *Then he would drive to my work so that I could breast feed her and, you know when you can hear people have road rage? I could hear him pull into the car park at work like it, it was horrible, and then he would, after I'd breastfed her, he'd then drive off and that was like, you're taking my baby and it's not someone happily pushing them off down the street in a pram, it's someone that you know what they're capable of and that just (pause, crying) tore me apart.*

It is evident from the above that Lily was concerned for Poppy's safety and felt very protective of her. The emphasis on protection exemplifies a theme that recurred throughout interviews and focus groups yet there is little in the attachment literature about women's protective feelings towards their babies (Ainsworth et al. 1978; Bowlby, 1980, 1988; Goldberg et al., 1999a; Prior & Glaser, 2006). Yet, it becomes



evident from my study that protection of their babies when in domestic violence is a prime motivator for women's actions.

**Angela:** *You're always on the back foot, you're walking on ice, and you've got to sort of sugar coat them to make things okay as possible for the kids cause so-one incident was he really hurt Ben (the baby) and over a really silly thing and it just killed me.*

Angela had tears running down her face throughout her interview with me. She had separated from Ben's father before Ben's birth but had encouraged contact because she believed it was Ben's right to know his father. Contact between Ben and his father has now stopped but Angela still feels guilt and responsibility for bringing Ben into this situation because, at the time, she believed that her partner wanted the baby and would be a good father.

In presenting the context so far I have paid scant attention to the women's experience of physical abuse, this will receive more consideration later when fear is the focus. However, the context of emotional, social and financial abuses illustrates the range of experiences that are defined within the term 'domestic violence' as defined in Chapter 1. The different forms of abuse are not identified as having an impact when research uses observation and survey questions to assess the 'mother/infant dyad' (Zeanah et al., 1999; Prior & Glaser, 2006). Yet, as demonstrated by the women in my study, through a multifaceted system of abuses, domestic violence constructs the framework for the formation of relationships between women and their babies well beyond instances of physical abuse.

### **Undermining by partner**

Most of the women, in my study described their wish to care for their babies to the best of their abilities and several defined how their efforts were negated by their partners. For instance, Angela's partner blamed her for Ben not sleeping. Ben was an extremely fretful baby, plagued by extremely severe eczema and he was understandably fractious most of the time. Amber was verbally abused for not having a routine in the early weeks after Archie's birth, while Kay's partner kept erratic hours which ensured that she could never develop a routine with her baby. Lily, following a traumatic pregnancy and emergency caesarean, was not allowed to relax



and watch television. If her partner was looking after Poppy, Lily had to be asleep. In these ways partners ensured that women were discouraged and prevented from seeing themselves as competent and capable in their new role. The effects of this and attempts to dismiss the women's perspective were numerous. Sally dealt with having her mothering undermined by trying not to believe what her ex-partner said:

**Sally:** *He's told me that I'm the worst mother, that I'm destroying Zac and that I smother him – umm - oh golly there are so many things that he's said to me, that even now he still says, so I block it out.*

Post-separation Sally and her ex-partner share care of Zac. Her ex-partner still takes every opportunity to criticise her mothering at handover.

Elizabeth spoke about her partners controlling behaviour, thus described:

**Elizabeth:** *The name calling, the silent treatment which you get all the time, the manipulation, you know, you make the decision but all hell breaks loose if you don't make the right decision.*

Sarah's partner screamed and yelled if she put any lights on during the night so she stumbled around trying to look after Tom in the dark.

In a very alarming example of the extent of undermining, combined with physical abuse and the threat of harm to her baby, Hilda described an episode that occurred shortly after she brought Archie home from hospital:

**Hilda:** *I had Archie, yeah, this tiny, you know, yeah, was so beautiful having him and then I can remember when I first got him home, and their dad, I gave him (Archie) a bath and you know how you put on oil and you know, that sort of thing, and the father started going berserk and said 'what are you doing, you're trying to poison him are you?' you know, I'm going 'I'm trying to clean him' and he picked up the baby bath and threw it at my head, and at Archie, and Archie was on the floor, I covered up like that (makes shielding posture) so it wouldn't hit him and then I went away with Archie.*

In retrospect, most of the women recognised the attempts of their partners to undermine them as mothers and, from the extent that some women focused on undermining, I suspect the putdowns and sabotage still troubled many of them. In

focus group 2 Kay described how she now tries to do double what other mothers do to prove that she is a good mother and Angela cried as she spoke of her guilt. As Selma explained: *'Push you away from your own children, they make you feel like you're a bad mother, I'm a good mother.'*

In Chapter 6, I will describe how the women continue to be conscious of the effects of undermining on their relationship with their children as the children grow. Next I look at issues of isolation which compounded the lack of support experienced by most of the women in this study.

### **Isolation**

In general, in westernised societies the post birth phase is isolating for women as they have less access to social networks because the baby's needs mean that more time is spent at home (Caro & Fox, 2008). In addition, the fatigue felt while recovering from birthing joined with broken sleep means that social occasions are likely to be curtailed (Smith, 2003). When the woman is caring for a new baby in domestic violence such isolation is critically felt and the burden of coping alone without a supportive partner, family or friends can cause further hardship.

**Stephanie:** *He (partner) has to have his sleep so I'd be pacing with a baby in the other end of the house in the dark so I wouldn't wake him up, I'd calm the baby and he would sleep and I used to think that was normal but I didn't really have anyone to talk to or whatever and now I think why would I do that?*

Stephanie described herself as *'very brainwashed'* and she believed *'I put the father before the kid'*. In a situation where she was trying to sustain a family in isolation of any supports, she had little choice but to try to win the support of her partner. In doing so she behaved protectively towards her baby by placating her partner and ensuring that he was not disturbed.

However, isolation can have unexpected effects, when I asked Selma how she felt when her babies were born she responded; *'they were my friends'*. Not allowed to leave the house and prevented from attending English classes, thus unable to make friends in her community, Selma saw her children as company for herself. She

protected them as best she could from witnessing her partner's violence by shutting them in a bedroom if she sensed that physical violence was going to start. Selma was allowed to speak on the telephone with her parents in Lebanon for 10 minutes once a year, her partner sat beside her so that she could not tell them what was happening to her. Selma told me all she could do was cry for the ten minutes that she heard her parents' voices. In this situation Selma felt that she formed a close and loving relationship with her children, but this was undermined by her partners disparaging and demeaning treatment of her. As they grew up, her partner encouraged the children to discount and denigrate their mother.

Kate, Kay and Hilda all spoke about not being allowed to have friends, while Chantelle reflected that all their friends had been his friends while she had no supports of her own. Stephanie, whose partner was in the army was moved interstate, away from family and friends, shortly before her children were born and her partner convinced her that her parents were bad people and that she needed to stop contact. Tanya was told she could not visit friends because of the cost of petrol. Sarah was not allowed to see her mother who she had a close relationship with but she would '*sneak in visits to mum - for half an hour or so*'. Athena's partner put up electric gates so that no-one could enter:

**Athena:** *He didn't want anyone coming over, nobody coming, not even his family, not even his mum to come and see me. He didn't want anyone coming to see me and he didn't want any one in the house.*

Amber's story of isolation is probably the strangest. Living on a rural property without transport, after the baby was born Amber's partner would call her friends and invite them to visit to see the new baby. Then he would ensure that there was no-one home when they said they would call. He would later take their phone calls and pretend no arrangements had been made. After several journeys friends gave up and stopped calling. Amber had no idea that any arrangements had been made or broken.

The above typify direct strategies which ensure women and their babies are isolated. Nevertheless, isolation is complicated by the effects of domestic violence. Sometimes women spoke about isolating themselves by withdrawing as a coping

mechanism. In focus group 1 Kate explained to the other women how she came to be isolated:

**Kate:** *I would say I was isolated because I had to withdraw because of the stress and the fear and the shame and the exhaustion, all those had me withdraw which caused isolation and it was all because I wanted to protect myself and my children.*

In interview Athena described how shame kept her isolated:

**Athena:** *I felt very alone. I couldn't talk to anyone so my relationship with my son, it was—I felt like it was just me and him and nobody else.*

Stephanie described how isolation kept her and her baby in the violent relationship when she summed up her existence excluded from friends and family:

**Stephanie:** *I didn't know any better, that's the thing, I think if I had input- this is where I believe that things should go back to the olden way where there is a whole group of family around a child. I would have had the family around me and they would have, someone would have said or if I had friends around ...*

Such was the concern with isolation that it was raised for discussion in three of the focus group sessions. In focus group 3 there was discussion about isolation as follows:

**Sarah:** *You feel hidden from the rest of the world*

**Tanya:** *Yes, yes*

**Chantelle:** *Because you're not allowed to have anything to do with anyone*

**Stephanie:** *Yes, you're not allowed to tell anyone anything because you don't tell people our personal things, if I was allowed to talk to friends about my marriage or things I would have been out of that marriage a long time ago because I would have had input 'no this is wrong have you stepped back and your marriage there's something wrong with him' if somebody had told me that ages ago I'd probably be—but no I wasn't allowed to tell anyone our personal things that was a big no-no. So if friends asked how you're going; 'yeah good, good'. So there was never any problems so everyone's shocked 'oh what happened?' 'we didn't see it'.*

**Sarah:** *And it's also taking away all your supports too so like restricting times so like if you went out somewhere you've got half an hour to do that*

*and you have to be home if you're not home you get ½ a dozen calls on the phone. So if you go do the shopping it's only allowed to take you an hour and then you have to be home.*

**Tanya:** *'And where are you, how come you're still out?'*

**Chantelle:** *And the other one for me was I'd only go see my friends or the one and only friend that I had during work hours when he was at work cause you couldn't go out any other time.*

With hindsight the women recognised their isolation and the strategies used to keep them isolated. At the time their focus was on making efforts to accommodate their partner's wishes in situations where they saw the best protection for their baby as being a calm atmosphere between two parents. Their efforts went into appeasing and using their agency in attempts to gain peace within the home. In many situations this led to feelings of physical and mental exhaustion.

### **Causes of Exhaustion**

In circumstances when women were trying to form relationships with their babies, exhaustion was caused by lack of support, undermining, expectations of impossibly high standards of housekeeping and childcare as well as isolation. From interviews it was clear that the usual sleep deprivation that women experience as new mothers was often exacerbated by partners who insisted that they not be disturbed by the baby during the night. This was compounded by additional pressures for Sally, Tanya, Kay and Sarah who returned to work shortly after the birth of their babies because they were the sole breadwinners. In Angela and Amber's situations they had additional responsibilities of caring for their partners children from previous partnerships as well as caring for their new babies. In Amber's case she had to leave hospital early with her new baby because her partner's children were coming on an access visit and her partner insisted that she be there to look after them.

The following excerpt from focus group 3 exemplifies experiences of exhaustion as an issue which compounded difficulties in finding space to be with the baby:

**Sarah:** *It was just exhausting, very exhausting.*

**Me:** *Why was it exhausting?*

**Sarah:** *Well you protect your kids you see you have to go out and you try hard to keep the peace and then I wasn't allowed to sleep anyway.*

**Me:** *You weren't allowed to sleep?*

**Sarah:** *No because if I fell asleep before he did, yeah, I used to have to start work at 5 so I used to go to sleep about 12 and get up at 4 every day. If the kids woke up during the night it was me that looked after them. He slept in till 8.30-9 o'clock and then the kids won't go to sleep till that late anyway.*

**Me:** *So exhausting really figures high for you.*

**Sarah:** *And also trying to hide things at work like bruises and stuff trying to hide the bruises at work.*

**Tanya:** *I can relate to exhaustion. Just mental and physical exhaustion, in a normal situation to be looking after a baby is exhausting but I found the mental drain, I had that baby brain when you're pregnant I had that for a good year afterwards because of all the rest of the turmoil in my life. So I couldn't do or process any daily tasks without actually writing them down. Real simple things, I had to write everything down in my diary and it's remained with me now. I have to write things down in my diary. I'm more able to think clearly about what I'm doing each day but my brain seemed to have just gone out the window cause I just couldn't absorb or retain any information at all, I was just on overload emotionally.*

**Chantelle:** *Mine was exhaustion too.*

The above shows how women were attempting to cope and carry out daily tasks, sometimes including paid work while under extreme pressure. Tanya's mention of 'overload emotionally' drew a response of nods of agreement from the other women in the group and the atmosphere became heavy, almost as if exhaustion had entered the room. In this it seems that physical and emotional exhaustion were recognised by the women as taking a toll on their ability to care for and create a relationship with their babies. In this group session and following discussions in focus groups 3 and 4 babies are barely mentioned. I deduce that for these women the exhaustion rather overwhelmed them and, at times, thwarted their ability to find space for their babies.

### **Financial deprivation**

No matter what the family income, added stress of being without money for basic needs compounded distress for some of the women's during the first year of their baby's life, affecting how they were able to provide for their babies.

Elizabeth mentioned in interview:

**Elizabeth:** *I ended up having to use Chris's (the baby's) money just to feed us, the money that we'd been given for Chris, for stuff. I went back to work on Saturdays just so I could have some time out and then use that to pay for food and stuff.*

Angela had to use her superannuation and sell shares that she had so that she could support her partner. Her now ex-partner still owes her \$50,000 and she recalled how trying to pay the mortgage for her house and keep her head above water while Ben was a baby added to her already stressful situation. Hilda spoke about eating very little so that she had enough money to pay for Archie's needs. Sarah remembered that any money coming in would be spent by her partner on his computer. She explained; *'I used to sneak out money for clothes and to get them (the children) things'*. Kay described shopping for her own and her baby's clothes at second hand shops, while Lily told of how her partner took household income to buy alcohol:

**Lily:** *If we had \$100 in the bank and I needed to get nappies and formula he would go get his slab of Jim Beam and Coke before I could get my nappies and formula. So I sort of tried to hide some money away. When he found that out, well, all hell broke loose, I was the wicked witch of the west.*

As can be surmised from the above snapshot of examples, shortage of money added to distress and provided another arena where abusive partners could control, undermine and withdraw support. For many of the women the infancy of their babies represented the first time they had been financially dependent on their partners, most had been working previously and had some autonomy with regards to their financial situation. However, as is also apparent from the above illustrations, the women found ways to meet their babies' needs *'under the radar'* to use Kay's expression, sometimes despite the risk of further antagonising their partners.

Of all the women in my study only Chantelle spoke about having sufficient resources to care for her baby. Financial abuse was not part of her experience but for other women, no matter what the family income, their ability to cope was compounded by unseen poverty. Although it is often assumed that women from middle and higher

socio-economic classes will have resources to care for a baby, in domestic violence this is often not the case. With regards to nurturing a baby in poverty the struggle to cloth and provide material care can detract from the pleasure of spending time in dressing the baby and delighting in presenting the baby with pride.

## **Conclusion**

In this chapter I have examined how women tried to fulfil the prescribed role for mothering and to create a climate where they could effectively build a relationship with their babies. The chapter focuses on the sub-themes within the major theme of context which I have used as headings. Under these headings I draw on factors which impeded the women's ability to achieve a secure relationship with their babies to their own satisfaction in circumstances where they needed to:

- comply with unrealistic standards and demands
- prioritise their partner's needs
- cope with extremes of exhaustion
- take responsibility for all childcare and household tasks
- respond to the baby's needs at all times so that their partners would not be disturbed
- making heroic efforts to sooth their babies in bids to ward off outbursts from their partners
- find creative ways to circumvent imposed poverty
- emotionally withdraw.

The similarities and differences regarding the context of women's experiences illustrate the many factors which affect women's relationships with their babies in domestic violence. The next chapter follows with an exploration of women's experiences of relationality and women's subjectivity regarding the formation of relationships between themselves and their babies in domestic violence.



## Chapter 6

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# Relationality and subjectivity

## Introduction

In Chapter 5 the focus concerned how the women in this study described abusers' control of the context in which they formed relationships with their babies in domestic violence. In considering descriptions of their partners attitudes and behaviours that impacted on the women's sense of wellbeing, their perceptions of themselves as mothers and their attempts to keep their babies safe, physically and psychologically, the women tell how they thought and felt in environments where there was little safety for themselves or their babies. In this chapter I explore issues of rationality and subjectivity which represent the two other major themes identified in Chapter 1 of this thesis.

## Relationality

As previously defined in Chapter 2 of this thesis I use the term relationality to refer to relational connectedness based in emotions between women and their babies. This term encompasses a wider view than that of attachment theory. In this section how the women who participated in my study described the impacts of the context of domestic violence on the relationship between themselves and their babies is presented. In focusing on the relational as experience of emotion in relation to another (Jordan et al., 1991a), women's protective feelings towards their babies in the context of fear are highlighted and attention is drawn to examples of women holding their babies in mind during abusive and violent episodes. I then explore women's feelings and thoughts about protecting their babies and I portray some of the women's attempts to limit harm to their babies. Within this process, the barriers to women being able to protect when they are being subjected to, and are suffering

the effects of, domestic violence become apparent. In addition, the women's appreciations of their babies' emotional needs are presented.

Women's descriptions of how space to attach is limited in domestic violence and women's attempts to create relational space are put forward while the barriers to doing so are identified. I then focus on indications of emotional availability that was offered by several of the women and that depict contrary positions, which were acknowledged, and which caused distress for some women.

Then, with reference to the previous discussion of women's knowledge (Chapter 3), I focus on women's insight into how their relationship with their baby was affected by domestic violence. Also, considered is how the practice of holding the relationship with their babies in mind led to change. Motherhood led to most, but not all, women gaining insight and strength then using their agency to access procedural knowledge so that they could protect their babies.

The following chart illustrates the distribution of themes delineated under the major theme of relationality as raised in interviews and focus groups. This shows where women's narratives in interviews and discussion in focus groups relate to the themes identified as relational connectedness. I then describe the substance of the themes in the following sections.

**Table 2 Relationality themes raised in interviews and focus groups**

<b>Themes</b>	<b>Interview</b>	<b>Focus group 1</b>	<b>Focus group 2</b>	<b>Focus group 3</b>	<b>Focus group 4</b>
Fear	14	Yes	Yes	Yes	Yes
Recognising and responding to the baby's emotions	11	Yes			Yes
Babies in mind	8	Yes	Yes	Yes	
Effects on the relationship with baby	11	Yes	Yes		Yes

## Fear

To explore the women's relationships with their babies in the context of domestic violence, firstly, I consider women's feelings towards their babies when fear was an issue. In particular, I draw attention to examples of women holding their babies in mind during abusive and physically violent episodes. In interviews and in three of the four focus groups, when women spoke about their fears, I gained insight into the varying basis of women's fears. All but two of the women raised issues of fearfulness describing:

- fear of violence to their babies
- fear of violence to themselves
- fear of psychological harm to their babies
- fear of homelessness
- fear of not knowing how far their partners would go
- a nebulous fear based in the power their partners held over them and their children.

With regard to the fear of physical violence to themselves and to their babies the women gave many examples of very frightening incidents. At these times they or their babies may have been the target but the attack was perceived as a need to protect the baby. This is not an unfounded fear as it is known that 50% of physical child abuse cases are perpetrated by abusers in situations of domestic violence (Hester, 2010). In illustration of this, Athena described a time when she was fearful for Bertie's life:

**Athena:** *I thought when I see that face on him and when I see his body shaking like that, he's going to throw something and this time he's got Bertie in his hands and I'm just standing there, I'm going 'put him down, put him down'. I was so scared. I thought he was going to throw him into the wall (crying). It was like he had an object in his hands not a person, not a baby, anyway I don't know, I just stopped whatever we're talking about, I stopped and I just said 'put him down'. I think I must have been saying it for about 10 minutes. "put him down, put him down, put him down in a cot' which was close by, put him down in the cot and*

*anyway he put him down in the cot but all this time Bertie's screaming, he's just screaming so loud so loud (sobbing), he's screaming the house down and anyway he did he did put him down, he did put him down. I was so scared to go near Bertie because he (partner) was still there and then he just left, he left the house, he left me with Bertie and Bertie was crying for like 3 or 4 hours in my arms, he was just crying, he just wouldn't stop crying, he just wouldn't stop.*

Elizabeth spoke about her fear, her attempts to manage her partner's outbursts and how she sought help:

**Elizabeth:** *My biggest fear was trying not to put them in the middle of something, especially if he is that way or he's angry or he's on drugs or whatever, it's just to let him go the ride and you just take it and try and keep the kids out of it as much as possible.*

*I rang the police a couple of times and made reports and that and they said to me do you want us to come around and speak to him and I said do you know what would happen if you came around and spoke to him, do you think I would still be standing if you came here?*

Traumatic scenes such as the above were recounted in several interviews. Apart from the actual physical acts which prompted fear, in focus groups 1 and 2 women spoke of the incessant trauma of living in fear of their partners potential physical harm to themselves or their babies. Coongah, described her response to physical violence during the first year of Wunyi's life:

**Coongah:** *That first year is when he knocked me around, when he started every time he came in, you know, can't say nothing. Throws things at me and I used to run, four or five times a week, cross that main road, Wunyi half naked and the other three kids behind me. I'd run to my parents.*

Coongah's predicament was exacerbated by being part of a small Aboriginal community living in a low socio-economic suburban area but with roots in her rural homelands.

Jane spoke about being '*constantly in fear*' and gave an example of how she would be watching television when her partner '*decided to get angry*' and she would instantly become fearful. Jane's fear was compounded by the threat of homelessness:

**Jane:** *He would be out at a mates place at midnight, a five month old baby in bed—‘get out—pack your stuff, get out of my house now’ you know like constantly. Constantly (pause) on the phone at midnight I’m just fearful that I’m going to be sleeping in a park with a child.*

At this time Jane had no knowledge of services that could help or of financial support that she could access as a single parent. She believed that on her unemployment benefit she would not have enough money to rent a home for herself and baby Jessica.

Combined with the constancy of fear, and with reference to nebulous fear mentioned earlier, some of the women emphasised fear of not knowing what their partners were capable of. As Tanya described:

**Tanya:** *That whole thing of egg shells and not knowing how far he would go, I was frightened of that.*

When they became mothers, the women’s consciousness of possible threat to the baby emerged and a new fear superseded self protection as the need to protect the baby became paramount. Hilda expressed her sentiments saying; *‘It’s just terrifying, I just wanted to protect Archie, that’s all I was worried about was Archie’.*

As Sclater, Jones, Price and Yates (2009) state; “Fear is an emotion which is appropriate and rational in the context of perceived danger” (p. 21). Given the circumstances, Hilda’s fear was rational. Hilda knew the levels of violence that her partner was capable of against her but had no idea how violent he would be with the baby. Her fear was intensified by her knowledge of her partner’s resentment of her care for the baby. Hilda kept her predicament secret because she was afraid that if welfare services knew how violent her partner was they would take the children from her. Therefore, her fear for the baby was both of her partner and of child welfare services. Fear of child welfare services intervention is not unfounded as recent investigations have found that child protection services hold women responsible for domestic violence and rather than offer support may threaten to remove children from women despite their efforts to protect (Douglas & Walsh, 2010; Hester, 2010; Haight, Wochan, Linn, & Swinford, 2007; Humphreys, 2007a, 2010).

Other women spoke of not being clear why they were fearful but of perceiving that their principal role was to protect the baby because their partner resented the developing relationship between the baby and themselves. As Chantelle explained; *'I was very scared or always scared for the kids, like I'm going to lose them, I'm going to lose the kids, I'm going to lose the kids'*.

In some situations the threat of losing the baby was substantiated. Tanya described an episode where after a beating she was forced out of the house without her baby. Her recall of fear when describing this incident was palpable:

**Tanya:** *I was so terrified because he was angry and he doesn't deal well with anger anyway and the fact that Angus (the baby) in the house with him, a 4 or 5 week old baby. I was just terrified that his anger was going to get the better of him and if he woke up and then he (Angus) was crying that he wouldn't deal with it.*

On this occasion Tanya went to the police to regain access to the home. She went on to say:

**Tanya:** *... it was very, very stressful and I pretty much made up my mind from that point, it was just a matter of collecting everything physically, mentally and where am I going from here?*

Lily's partner told her that if she left she would never get custody of the baby. In focus group 2 Angela told the other women:

**Lily:** *... somehow he'd always premeditate things and he'd double lock doors and stuff like that without me knowing. When things were going to happen my fear was, yes, I'm going to get myself out of here but I'm not leaving my child and I'm not going to put him (the baby) in the middle of it by me fighting over it. So I had to go with the flow of what was going on at that time and that was one of my biggest fears because he would threaten 'I'm keeping this kid, I'm going to get someone else to look after him'. So you know I had opportunities to try and get out but that's just me, I can't take him (the baby) with me.*

Whereas Chantelle felt:

**Chantelle:** *I needed to grab hold of them (the children) for all they were worth because that would be his biggest manipulating, like not give the kids*

*back, kind of that would be the ultimate hurt, if he really wanted to do that he could do that.*

Amber's partner threatened to kill himself and the baby. Such threats were intensified by reports in the newspapers about fathers abducting and killing their children. The women recognised that this could be their reality and for some this continues to be a fear as their ex-partners have ongoing contact with their children.

Losing their babies became a reality for two of the women when their partners took the infants from them and did not allow the women contact. Sally's partner, as noted earlier, absconded with 6-month-old Zac:

**Sally:** *He ... um, mm ... We were in an ... we had an argument over the phone then when I got home he took Zac out of the car. I took my bags out of the car and when I got, by the time I got to the door, he'd actually locked it so I had to unlock my key ... I got inside ... by the time I'd walked inside he had reversed down with Zac in the car. Naturally I ran out 'What are you doing?' And he took off. I went inside to use the phone and he had tipped over all my clothes, all over the house, he tipped rubbish out from in the kitchen all over the bathroom, in the floor everywhere. I checked in Zac's room, he's taken the nappies, the bottles he'd taken clothes. I rang ex-partner up and I said 'what's going on and ... I'll be honest I can't remember exactly what he said but he said that if I didn't do what he said I'd never see Zac again ... um ... after about ... I hung up from him and I rang my mum in absolute hysterics. I rang his mom and said, his mom panics a bit so I just said 'Oh, if ex-partner gets there can you just give, give me a call ... um ... as we have had an argument and we need to sort it out. I didn't let onto her what was going on ... then later on I rang back to ex-partner and he said again ... he was complaining because I didn't spend time with him but I was working full-time so any spare time I wanted to have it with Zac ... um ... then he, and then I said that I was going to go to the police and he said 'You go to the police you'll never see Zac again'. So I did not ring the police then eventually he came home a few hours later.*

**Me:** *You must have been beside yourself.*

**Sally:** *Yeah but when I got home I could not touch Zac, I could, I had to sit on his (partner's) lap to be able to talk to Zac and when I was talking to Zac on the phone he was screaming, it was just terrible (in tears).*

Sally was very upset when she told of this event, evidence that the distress that this incident evoked had not abated. Later in the interview when I asked if this incident changed her feelings towards Zac in any way Sally responded:

**Sally:** *Apart from wanting to make sure that he's protected forever, I think I put up more of a protection. From that point in time, definitely. Yes, yes from that time I was more determine to, you know, 'I'll not let anything happen to you'.*

Elizabeth's partner also absconded with her baby. Elizabeth was hospitalised overnight and diagnosed with post natal depression when Chris was aged 12 weeks. When Elizabeth came home from hospital her partner told her she was not safe to have the baby and took Chris to his parents for three weeks, not allowing Elizabeth to see Chris at all. Elizabeth kept going during that time by convincing herself that she would get Chris back eventually and that she could then leave with him. Elizabeth felt that her relationship with Chris has been problematic since that time, she sadly described Chris as being wary of her.

Sally and Elizabeth both recognised that their experience of fear at the removal of their babies heightened their will to protect. In both cases the women believed that their babies were changed by the experience. In Zac's case Sally described him as becoming more '*clingy*' and Chris's behaviour, as described by Elizabeth, epitomises an avoidant attachment pattern.

As can be deduced from the above, both losing the baby and the fear of psychological harm to the baby, are issues for women in domestic violence. Fear for the baby's safety is twofold and all women in my study were aware of the need of their protective role in both regards.

## **Recognising and responding to the baby's emotions**

I now explore how women recognised and responded to their baby's emotions. I present indicators that show understanding of babies' perceptions and the women's insight regarding their baby's internal world. I explore women's thoughts about protecting their babies and their attempts to limit harm. These points are supported by findings in previous feminist research which has considered mothering in domestic violence, as outlined in Chapter 2 of this thesis (Abrahams, 1994; Humphreys et al., 2006; McGee, 2000; Mullender et al., 2002; Radford & Hester, 2006). I also look at the women's appreciation of the babies' emotional needs.



Jane, Hilda, Elizabeth, Sarah and Coongah spoke in interview of the fear they saw on their baby's faces when there was a violent incident. Jane recalled two times when Jessica had screamed with fright, both on occasions when Jane's partner was physically abusing Jane in Jessica's presence. Jane described Jessica's scream on the first occasion as '*a scream she hadn't screamed before*'. Jane recognised the same scream when on a later occasion her partner pushed Jane and she nearly fell on Jessica.

Elizabeth spoke about how it would take an hour to settle Chris because he would be so upset after his father's screaming and yelling. As Elizabeth saw it, '*he just couldn't settle*'. Both Sarah and Hilda spoke of a complex mix of emotions on their baby's faces when their partners were violent in the baby's presence. Sarah, speaking about Tom, when he was approximately six months old, explained:

**Sarah:** *He used to do silly things like the cheeky little smiles and stuff like that, that's when he obviously started becoming scared of his dad. So you could see that there was a different side, if his dad raised his voice, he used to start giving that face and shutting off.*

**Me:** *What sort of face?*

**Sarah:** *It's like his scared sort of sad face.*

**Me:** *OK, scared and sad?*

**Sarah:** *Yeah, that's when he started his scary and sad face so he started being a little bit more cautious.*

Similarly, Hilda described a scene where her partner was between Hilda and ten months old Archie, threatening Hilda with a baseball bat:

**Hilda:** *He was in the cot like he didn't know what was going on, you could see a confused look on his face and he was just looking at me when I'm trying to get out the door and smiling.*

**Me:** *Oh. (pause) What do you think was going on in his head?*

**Hilda:** *He looked really confused, but smiling like, don't forget me, that's what I always, and that's why I stopped and I looked at, you know, I thought I can't leave him, that's why, but I had to tell him I loved him and all that, you know, the father, just so he'd back down from hurting Archie.*

In this scenario Hilda describes an incident when she responded to her baby's cue for protection with actions which prioritised his safety over her own. This situation demonstrates mentalising and holding the baby in mind despite extreme circumstances. In the next section I present salient information gained from women in my study concerned with how the women kept babies in mind and considered the babies as individuals with their own personalities despite the effects of domestic violence.

### **Babies in mind**

When asked to describe their babies, most of the women's representations of their babies were thoughtful and balanced in that they portrayed realistic attributes to them (Huth-Bocks et al., 2004). While appreciating their babies as individuals they outlined behaviours that were problematic and attributed reasons for this. Six of the women equated their baby's general 'unhappiness' to the situation of living with domestic violence. Selma, Elizabeth, Angela, Chantelle, Sarah and Kay all mentioned that their babies cried a lot. Angela and Kay both mentioned tension in their homes and their belief that their babies were reacting to stress. However, Lily described Poppy as '*a happy baby, laughy kind of a child*'. Other women, when asked what their babies were like, described attributes such as:

- cute
- beautiful
- mischievous
- gorgeous
- adventurous
- a little terror
- a sweet little fat baby
- the baby I was always meant to have.

Even when the babies had been unsettled and distressed throughout infancy the women expressed love and appreciation for them.

**Athena:** *He was happy, he was beautiful he was very good but he was always with me.*

*If anything happened to him it would have happened to me first, it just—I wouldn't have allowed anything to happen to him, (crying) I wouldn't allow that.*

**Me:** *So you felt really protective towards him?*

**Athena:** *Yes I did, although I had no protection myself (crying), I felt very protective for him.*

In this Athena was describing a situation where she was never apart from her baby. Because Athena had Bertie's needs in mind she kept him close. Yet, as has been appreciated elsewhere, in domestic violence women need space for themselves to work out their own safety needs. It has been noted that the safety of the woman as mother is a necessary antecedent to protecting the child (Hester, 2010). However, in my study it seemed that several of the women put the needs of their baby before consideration of their own need for safety. That is not to say that the women were always able to protect their babies from psychological harm and in the next section I explore women's sensitivity to this issue.

## **Effects on the relationship with baby**

With regards to the effects of domestic violence on the relationships between themselves and their babies several women spoke of their regrets that, for diverse reasons, they were unable to psychologically protect their babies as they would have wished.

Elizabeth spoke with great sadness describing a time when she recognised that, because of her own state of mind, she was unavailable to Chris:

**Elizabeth:** *Mmm, when he was crying and needed stuff, and I couldn't give it to him, and I didn't have any help and I was tired, and just, and had enough, and I always felt guilty for doing that. I think once or twice I actually left him on the floor to cry himself to sleep, which, I've never forgotten, he wouldn't remember, but I do.*

Elizabeth expressed grief that even in her partner's absence the effects of domestic violence impacted on her relationship with Chris. Angela, too seemed sad and guilty about her relationship with Ben:

**Angela:** *I brought a child into the world into this situation so I felt that I wasn't in an adequate emotionally to support that or him, and I suppose I fumbled along as best as I could and felt guilty for my lack of—lots of things—for not being able to have the baby naturally, and not be able to breastfeed and all the things that—not mostly—that quite a few mothers could do—so I guess I resented that in a lot of ways and I still do, so that—so our relationship has always been quite an emotionally strung relationship I think. (crying)*

In contrast Chantelle said that she did not feel for her babies, they were just work. She explained that in her view:

**Chantelle:** *Kids react to emotions and I wasn't necessarily available for them because I was operating out of fear probably the whole time so you can't feel particularly loving while you're on fear—a fear driven thing.*

Kate, however, became very distressed because she realised for the first time that she had little memory of Alan in the first twelve months of his life. One exception to this was when she would sleep on the couch with him, holding him close. Meanwhile, Tanya regretted that she was *'just so busy dealing with everything else'*. Elizabeth spoke with sadness about the impact on her relationship with Chris *'Chris can read me but I can't read him, I'm still trying to work out what he's thinking'*.

Elizabeth contrasted this with the ease of her relationship with her other sons who did not grow up with violence. Yet all the women, including Athena, who felt that her son had *'this gene, like temper and aggression, a natural ability for it'*, expressed protective feelings towards their babies. All 16 women mentioned the protective nature of their relationship with their babies. Kate said that she believed if she could protect Alan (her baby) then everything would be alright. While Sally, Jane, Sarah and Chantelle all described themselves as overprotective and they worried that this was a continuing pattern. Selma, Amber, Kay, Hilda and Sally all saw their strong relationship with their babies as a protective factor for the children and themselves,

something which kept them going and helped them to disentangle themselves from the abusive relationship with the baby's father.

In fact, despite living with domestic violence, some of the women found creative ways to achieve a close and loving relationship with their babies. Although the circumstances were bleak, or perhaps because the women recognised the babies' extenuated needs, women valued and cherished their babies to the best of their abilities. As Angela said *'I loved him, I loved him to pieces, I just wish it was different'*.

In the next section I investigate the ways in which the women, aware of their babies and their own needs for a close symbiotic relationship, sought space and time with their babies. They did this despite the limitations of the abusive context and because of the care and protectiveness they felt for their babies. I introduce the agency that women used to elicit movement and change and the supports that helped women to use that agency to protect their children. I also look to women's continuing efforts to build relational space with their children in the present and their hopes for the future.

## **Subjectivity**

### **Introduction to subjectivity**

In this section, with reference to previous discussion of women's knowledge in Chapter 3 of this thesis, I consider how women brought their subjectivity in the form of agency and action to building a relationship with their babies in domestic violence. I focus on how some of the women made space for their relationships with their babies and I also present how the process of holding the relationship with their babies in mind led to change. I illustrate how motherhood led to most of the women gaining insight and strength then using their agency to access procedural knowledge so that they could protect their babies. How the accessing of procedural knowledge led to women utilising their agency to create movement and change in order to protect is also exemplified. The women's access to external supports and their perceptions of which supports were useful are included here.

In conclusion I present the women’s clay work regarding their hopes for their future relationships with the children who they formed relationships with when living with domestic violence. I introduced this task initially so that the women would not be left contemplating past trauma at the end of their participation in the study. However, their clay works are significant because they illustrate the women’s current efforts to relate to their children and create sound relationships outside the strictures of domestic violence.

As previously defined in Chapter 5 and earlier in this chapter the distribution of themes identified from interviews and focus groups is presented in chart form so that the continuity between interview content and focus group discussion is identified.

**Table 3 Subjectivity themes raised in interviews and focus groups**

<b>Themes</b>	Interview	Focus group 1	Focus group 2	Focus group 3	Focus group 4
Gaining strength in relationship	12	Yes			Yes
Creating space	5	Yes	Yes		Yes
Change	11	Yes	Yes	Yes	
Accessing support and knowledge	12	Yes	Yes	Yes	Yes
Women’s wishes for their children	12		Yes		Yes

### **Gaining strength in relationship**

Several of the women noted that motherhood contributed to them gaining strength which allowed them to access knowledge that would assist their babies and themselves.

**Tanya:** *I'm not going to live in fear, and I'm not going to have a girl growing up, thinking that that's how a man's supposed to treat a girl. I'm just not going to have it.*

Chantelle spoke about how birthing her second daughter empowered her because, having had prior experience of birthing, it was a time that she could feel competent

and able to envisage herself as having agency and ability to protect her daughters. While Tanya described being determined to have a very close relationship with Angus regardless of the circumstances, Hilda and Selma both recognised that they were good mothers to their babies despite undermining from partners. Through experiencing the mutuality of relationships with their babies that provided reciprocal enjoyment Hilda, Sally and Selma all mentioned becoming more conscious of the deficits in their relationships with their partners. Investing in mutually enjoyable relationships with their babies gave them the strength to start planning their escape.

If strengths are considered in light of the woman's ability to protect her child, recognition of fear on the faces of babies, as described earlier in this chapter, can be seen as having short and longer term effects. Such recognition of the baby's distress sometimes becomes a catalyst for change.

**Coongah:** *You looked round at my ex and I thought nu and that was it you see, mummy's face and babies face all frightened you see how it is and what am I going to do to yous, you know, and I'm making it better for us now you know. OK.*

*So I got the police to pick him up and hit him for everything and just hit the highway, you know. Home. Home to my safe base. I went home to Mum and Dad's.*

Coongah not only recognised the emotion on her baby's face but acted because of that recognition. She also knew that to protect her children she needed to access her own 'safe base', which is a term used extensively in attachment theory (Mervin et al., 2002; Ainsworth et al., 1978; Hoffman, 2006). Coongah made reference to this concept without knowledge of attachment theory but with subjective knowledge of her own needs. As illustrated earlier in this chapter Coongah's accessing strength and using agency to protect was not an isolated occurrence.

## **Creating space**

Through the women's narratives and discussions, it became clear that the need to protect their babies was paramount. However, the focus on protecting by working hard to manage their partners' moods through appeasing, placating and ensuring that all facets of home life were in order took time away from the baby. In addition, as

mentioned elsewhere: “mothering is an area in which abusive partners can exert power and control” (Varcoe & Irwin, 2004, p. 79). The women noted that their care for the baby represented a new domain for abuse and several women recognised that their new role as mother was perceived as a threat to their partner’s hold over them. Most of the women found that partners’ increasing demands on their time meant that the time available to spend with their babies was limited.

In spite of these constraints some of the women worked hard to identify space in which they could create a relationship with their babies. In fact, three of the women felt that their relationship with their baby was particularly close because their partner’s attitude and behaviour intensified their need to spend relational time with their babies. Amber described how she always spent time playing with Archie when they were isolated at home together. Also, because Amber’s partner did not share the care of Archie, Amber felt that she was the one to form a relationship with him through taking care of all his physical needs. Lily also kept Poppy with her and built her life round caring for her, aware that it was not safe to leave Poppy with her father because of his alcohol use and his unpredictable temper. Sally described how her care for Zac cemented their relationship:

**Sally:** *With me I think he has that comfort because I’ve always been there. I’ve always held him you know. In the middle of the night my ex-partner yelled at him if he’s upset, if he’s upset well then I comfort him. I tried to do whatever I can to assist him even now.*

Kate, who had been so distressed because she had little memory of Alan as a baby came to recall that she had made time at childcare to build her relationship with him. She described taking Alan to university based childcare when she had lectures and staying in the childcare centre to play with him instead of going to class. Kate identified this as a subconscious need to spend time with Alan because there has no safe space to do this at home. At the time Kate had not realised why she was doing this and it was only in interview, when she was invited to use the communicative space to reflect, that she recognised her intent.

Some of the women identified that breastfeeding provided a space where they could spend relational time with their babies. Chantelle said that she breastfed first one



daughter then the other over a period of four years. In focus group 1 Jane commented that she breastfed longer than she would have because that was a time she and Jessica could be close without having to justify contact with her baby. Elizabeth said that she had also tried to find emotional closeness with her baby through breastfeeding but this had caused friction because her partner resented the time she spent breastfeeding.

**Kay:** *I actually found that was the only time when it was me and her face to face without his stupid face in between, like it was something that I can withdraw from and he was a sickly pathetic adult anyway so I was happy to use my health in my breastfeeding to keep going with it and I do think if we had been in a normal healthy two parent family, that I probably would've weened her off breastfeeding a lot earlier I think, on reflection, yeah.*

However breastfeeding did not provide a space to build relationship for all the women and babies.

**Tanya:** *I think if I had have had a more supportive partner there is a chance that I might have breast fed him for longer which was something that I really wanted to do ...*

Lily explained how her partner had forced her to persist with breastfeeding despite physical difficulties so breastfeeding time was not a pleasure for her. However, during focus group 1 Lily described how she created a relational space with Poppy when her partner was asleep and this resonated with other women who proceeded to describe how, because there was little time in the day, they made space for their babies at night:

**Lily:** *I mean I would've loved to have had that whole beautiful breastfeeding thing but it just didn't happen so I couldn't bond with my daughter with breastfeeding, we bonded in other ways, I found that she had a lot of difficulties sleeping, she wasn't a very settled child and particularly after we moved out, I had a rocking chair and more often than not, I'd spend my whole night asleep on the rocking chair with my daughter asleep on me.*

**Kate:** *I was like that too. After I breastfed I didn't want to go back near him anyway.*

**Lily:** *So we bonded that way, I used to pick her up and hold her so much and rock her to sleep and if she fell asleep on me, I would never put her back in her cradle I would just sleep with her on me.*

**Jane:** *They're safe there.*

**Elizabeth:** *Yeah.*

**Jane:** *I found with mine, when she breastfed and gone to sleep, I had quite long hair then, she'd touch it and even now, if I lie down with her in her bed and she's tired, she touches my hair.*

**Elizabeth:** *Chris still now when he's upset he comes and just strokes my hair and he goes, don't cut your hair mummy.*

**Kay:** *My daughter and I still, she's three now and she still sleeps with me.*

**Lily:** *Mine does too.*

**Elizabeth:** *I feel it's safer to have them with me, not that I think their father is going to do anything.*

**Kay:** *That's what started it for me though, was he was going to take her*

**Elizabeth:** *We still sleep together now.*

**Jane:** *Me and my daughter sleep together, I'll snuggle her like, because I love her that much and I want her there with me, I don't want her anywhere else, why would I want her away from me?*

Within this discussion the women found common ground and affirmed their own and each other's ability to provide comfort. It was obvious that co-sleeping, and the comfort it provided for both women and babies was linked to protection in the women's minds. At a time where there was little space in their day, night time provided the opportunity to share relational space with their babies and create a symbiotic closeness. In focus group 3 there was similar discussion about sleeping when Tanya and Chantelle spoke about co-sleeping with their babies. Sarah and Stephanie sadly recounted that they had not been allowed to bring their babies into bed with them. Kate remembered sleeping on the couch with her baby and holding him close. Amber did not mention sleep but, as a masseuse, in interview she spoke about spending time massaging Archie and how she believed this, in particular, was a close and enjoyable time for both of them which helped them to form the close relationship they now have.

Other women regretted that they had not been able to find space and alluded to feelings of guilt and remorse that their situation had impacted negatively on their availability to their babies.

**Elizabeth:** *So yeah, I didn't get to spend the time that I wanted to with Chris, cuddling him and didn't get to sit down and read books to him when he was really little, and, you know, do all those little things you want to, spend the time playing on the floor, and that, was always having to do other things to prevent problems ... I didn't get to bond as well, as what I would have liked to ...*

Such regrets were expressed by other women who were very aware of the detrimental effects of not being able to care for their babies as they would have wished. Angela was concerned about the quality of her relationship with Ben as she felt that because of the domestic violence she had not had the emotional resources to build a loving relationship with Ben when he was a baby. Angela's remorse was visible through her tears during our interview and she explained:

**Angela:** *I brought a child into the world into this situation so I felt that I wasn't in an adequate emotionally to support that or him, and I suppose I fumbled along as best as I could and felt guilty for my lack of—lots of things—so our relationship has always been a quite emotionally strung relationship I think.*

During focus groups Angela's contributions were marked with emotional expressions of grief and regret to which the other group members responded with sympathy and empathy. Angela still worries about her son and with encouragement and advice from the other women in the focus group is seeking help for herself and for Ben.

Kay also expressed regret saying that with hindsight if her partner had been removed from her life when Queenie was a baby she would have experienced '*post traumatic euphoria*' and been able to focus on Queenie and build the relationship that she wanted with her daughter from the start.

## **Change**

There are many instances of the women using their agency to generate change. Here I refer to agency as the women's ability to act notwithstanding fear and the constrictions of their situations. Tanya and Kate both described '*biding my time*' by keeping the peace while they made plans to leave. Tanya described being alert for times when her partner was trying to bait her so that she could resist arguing: '*so it gave me that time to be there for Angus*'. Similarly Amber said:

**Amber:** *When Archie and I were together the focus was him, and I would walk away and try and avoid anything. So I would always try and avoid confrontation in front of Archie.*

Starting from pregnancy or after the birth of their babies, some of the women knew that their time in the partnership was limited and, with awareness of the need to protect, they were considering how to safely remove their children and themselves from the violence.

**Kay:** *... having the third person in the mix was suddenly, like I'm not just responsible for me, I'm now responsible for her, which made the decision to walk out with nothing the best decision to do. Whereas, before that there was always that other thing, and at that stage I knew that her safety—and she just didn't need to grow up seeing that. Because I realised then, what a mess it had made me. Imagine what a mess it could have made her.*

Lily concurred, describing her protective thoughts about Poppy:

**Lily:** *... I didn't want to bring her up in that environment, I didn't want her to see any of it, I didn't want her to hear any of it, I didn't want that to be imprinted on her memory whatsoever, I just want to protect her from all that.*

Stephanie also left because of the children:

**Stephanie:** *When he hit me that was the last straw, when he hit me in front of my children, I didn't want them to be brought up in a home like that, especially how they were screaming and they couldn't do a thing, they weren't allowed to play like other children.*

Jane decided to leave because she feared the effects that domestic violence would have on her daughter and she told her partner that this was her reason for leaving; *'I'm not bringing your daughter up in a household where it's OK for a man to treat a woman that way'*.

Aware of the gendered nature of domestic violence and with fears of an intergenerational transmission of abuse, Kate and Elizabeth felt that if they did not leave the situation their boys would grow up believing that violence against women

was acceptable. Athena and Angela still fear that there may be a genetic predisposition to violent behaviour which could affect their sons.

Lily's, Stephanie's and Jane's perceptions that the situation was intolerable came in direct response to understanding the psychological effects that witnessing domestic violence could have on their babies. For other women, concerns about the effects on themselves as mothers and on their children, led them to seek help. Athena sought help from the police and left because she felt that she or Bertie would be physically harmed. Coongah's epiphany came when she consulted a doctor about how she was feeling:

**Coongah:** *Depressed you know, doctor wanted to put me on tablets. Tablets not gonna help me, gonna send me more stupid you know, when I'm still living with that problem, you know. No it was more that he made me really really angry. I wanted to do something really bad to him, angry too because it really hurt my kids too, you know.*

Coongah's anger motivated her to remove herself and her four children from the violence. Following the experience of growing up with violence during her own childhood, Coongah was particularly clear that she did not want Wunyi and her other children to grow up with domestic violence in their lives.

Sally also found that a visit to her doctor motivated her to make changes:

**Sally:** *I went to the doctor, they prescribed me antidepressants. I went on them for approximately 3 to 4 weeks and I took myself off of them. I thought, I don't need this. I went to a naturopath and just tried to get healthier and then I realised it was my situation I needed to get out of.*

Sally used her agency to find health for herself, despite her doctor's unhelpful response and once she felt well Sally told her partner that she was leaving and took Zac to live with her parents. As Sally pointed out:

**Sally:** *I guess Zac was my escape. I thought, OK this is what happiness is. Even with Zac I tried to make it work. I did everything I possibly could, he wanted to talk more so I tried to talk more, then he took Zac and that really but a big barrier up for me. Ever since then I was just too scared to stay.*

The above excerpts show that the need to protect their babies can act as a powerful motivator to reach for change. In these instances the women sought medical assistance as the first point of contact and were able, when the help they received was not appropriate, to use their subjective knowledge to act for themselves and their babies. When Kay approached her general practitioner while pregnant, she was assured that everything would be resolved and that her partner's behaviour would improve when the baby was born. Kay felt that this hope kept her in the relationship when, for Queenie's sake and her own, she would have been better to leave earlier. In contrast, although Lily did not approach her general practitioner she received support from her. Prior to Poppy's birth, midwives in the midwifery group Lily attended had noted the difficulties between Lily and her partner. The midwives reported back to Lily's general practitioner who was sympathetic to Lily and recommended appropriate services:

**Lily:** *My doctor, she was aware of all what was going on, actually, the midwives at the hospital, before I had Poppy picked up on it, and they reported it to my doctor, and they said that they thought I was being, that there was domestic violence and that I was being abused, and she brought it up at one of my visits to her, before I had Poppy, and I broke down, and I said 'Yes, that is going on at home'. So yeah.*

Lily also made use of services that she was aware of because she worked in government.

In the next section I explore how other women used their agency to act on behalf of themselves and their babies and received knowledge that enabled them to make decisions based in the procedural knowledge that they accrued (Jordan et al., 1991 a). In acquiring help from agencies which were conversant with feminist knowledge of domestic violence the women were appreciative of appropriate support and understanding that led to change.

## **Accessing support and knowledge**

Women who were able to access services which had an understanding of the gendered nature and the dynamics of domestic violence were able to move on to protect their babies through support and received knowledge which affirmed their

subjective knowledge. Through gaining procedural knowledge these women were empowered to act for themselves and their babies. As Tanya said: *'It's only by educating yourself of these tools that are used that you realise what's going on or what went before'*.

For Jane, who was fearful of homelessness with her baby, the turning point was going to Federal social security services to find that as a single parent her income would be increased so that she could afford to rent a home for herself and Jessica. Jane was encouraged to enquire about income support by her case manager at Correctional Services (Jane was completing community service work for unpaid traffic fines). Her case manager also intervened on Jane's behalf when the local police did not take Jane's complaints of violence seriously. The fact that someone saw the situation as serious encouraged Jane to find out about her rights so that she could better protect Jessica.

Selma took the opportunity while her partner was in Lebanon for six months, to organise Australian citizenship so that she and the children could stay in Australia. Having no English this was a formidable task but Selma perceived that if she was to separate and was returned to Lebanon her children would be taken from her and put in the care of her partner. She was not able to contemplate leaving her partner until she knew she and her children would be allowed to stay together in Australia.

### **Accessing support from family and friends**

Because of the isolation, undermining, exhaustion and fear felt by the women when mothering babies in domestic violence, reaching out to access help was an achievement. For the women their subjective insight signified the recognition that they had the agency to act for themselves and their babies. Opposing the partner they had been trying to appease took courage that was often activated by understanding of the effects of their partner's behaviours on their baby. Stephanie, Sally, and Amber reached out to family of origin despite distance that had grown between them because of the domestic violence. Lily and Sarah had the support of their parents throughout. Stephanie contacted her parents notwithstanding her partner's specific instruction to shun them. Jane and Hilda recontacted families despite estrangement

which had preceded the violence. They both accessed short term accommodation with their families of origin for themselves and their babies although the support offered was minimal.

**Jane:** *So, I rocked up at my Nana's doorstep. Because they were like, leave him, leave him, leave him, and I said, alright—Mum and my Nana—I said, yeah okay, you're saying leave him, I said, but who's going to take me in when I do? So, she said, oh well yes, we will—alright—and so, then he shoved me and I knew I had somewhere to go. And that was the biggest thing, knowing I had somewhere to go. Somewhere to go from his place to somewhere.*

Other women used their agency to help themselves and their babies without family support. Angela did not involve her adoptive parents because she wanted to protect them. She contacted the police and they offered to remove her partner from her house but she did not want Ben to see his father taken away. Instead Angela organised a removal van and took Ben to live with friends, leaving her partner in the home that she owned. Kay, Elizabeth, and Tanya confided in friends who affirmed their worth and helped them to see their situations in a different light. Other women turned to community services with expertise about women's issues.

### **Accessing women's services**

Tanya contacted a Women's Health Service when she was 4 months pregnant and, through this service, accessed a domestic violence support worker. During pregnancy she also joined a support group which provided communicative space that she found invaluable:

**Tanya:** *Just being in that space was a safe area to just sit and I'd just sit and I'd just cry and I'd just think, oh yeah, tissues again this week, but just a safe haven to let out all the yuk.*

As Tanya put it, this time 'saved her soul' and gave her strength and energy to work out what she had to do for her baby and herself. Athena, Lily, Sarah, Stephanie and Kay also found that domestic violence services helped them to find safety for themselves and their children.



**Athena:** *I did have someone that helped me from the D.V. services and she was wonderful, she was there and she understood and I didn't have to explain myself to her and that was great having someone there that just knew, I probably wouldn't have coped so well if I didn't get that support but I had that support, I knew I needed it and I got that support and that helped me get through that really difficult time so.*

As found in other studies, the support of domestic violence services was invaluable to those who accessed it and such services provided a pathway for women to remove their children from unsafe situations (Douglas & Walsh, 2010; McGee, 2000; Radford & Hester, 2006). In interviews and focus groups women commended the knowledge and connections they gained through workers and group members from services where the dynamics of domestic violence were understood. Reaching out and being validated enabled the women to access their own agency and, in doing so, to work towards leaving for the protection of their babies and themselves. Selma, now with Australian citizenship, found the courage to leave by accessed help through a sympathetic child health nurse who knew of local domestic violence services. This nurse had a remit to focus on the baby's physical health and to address issues of mother–baby attachment issues. However, through forming a supportive relationship with Selma she prioritised the need to achieve safety for Selma and the children by contacting domestic violence accommodation and support services.

### **Negotiating space with children**

In exercising their agency and gaining support which alleviated their isolation, the safe place that women had hoped for within their partnerships was found through contact with community and relationships with others. For most of the women reaching out involved courage, trusting subjective knowledge and acting despite fear and risk. As illustrated, the need to protect their babies was often a principal motivator for action. To protect their babies the women first needed to connect their subjective knowledge with congruent received knowledge (Jordan et al. 1991a). While listening in interviews and focus groups I was reminded that women needed communicative space for themselves, as well as the space to be with their children. Apart from sharing their stories in interview with me, in focus groups the women spent time connecting with each other, sharing parts of their narratives, finding common ground and exploring disparities. Within the communicative space accounts

of their lived experiences, their children and the forming of relationships with the children as babies were interwoven.

The women's awareness of the need for support to work on the relationship with their children was not confined to reflection about infancy. Prior to concluding contact, in both sets of focus groups, the women raised concerns about their relationship with their children in the present and the future. In focus group two, with the first set of women, the discussion was of the need for services to attend to their relationships with their children after they left domestic violence:

**Kay:** *I've probably seen four or five different counsellors, all women, and they all understand the mechanism behind it all, and I've actually found that a good thing that you don't have to sit and explain, and I guess that it's almost like it's a proven science, that you can come along with your case and it's understood, and it's just about being able to talk with them and it's not judging you, that doesn't know you, that-*

**Kate:** *It's very focussed on the DV and not the relationship, the children, though. It's about getting you through it and keeping you safe, and giving you—in a safe place and putting strategies in to keep you safe, and giving you phone numbers and other references that you can access. But I don't know that there's—or how you're going with the children, how are you feeling with it—yeah, I think it tends to forget that there is the, you know, you know, I think, as mums, and I certainly get that from everyone in this room that our children are the reason that we don't stay. Did anyone leave because of—I left because I—had he been doing it to me only, I probably would never have left, but when he started on the children I could see what he was doing to them—I left. So, to not validate and support and explore how you are, and that relationship that you have with your children is missing a big part of what DV is all about, I think.*

**Elizabeth:** *And the Family Court's very much in that place as well, like the family assessment, when I had it done, they spent five minutes with me and the kids, and the father and the kids, and made an assessment on what our relationship was like, with not going into the background and why our relationship was like that ... very much what Kate was saying, they need to spend time working on the relationships and not just the physical abuse.*

**Kate:** *It's important to-*

**Elizabeth:** *It's emotional.*

**Kate:** *It's important to make sure that we're safe and that the children are safe as well, you know, but this what's going on, like okay you need to be safe, here's the number for Crisis Care, and there's all these different things that you can do in order to keep yourself safe. But you*

*know, are there playgroups where you can go, or is there a space in an agency somewhere with a room full of toys and books that you can book for an hour, just to go and sit and play with your child, and be given the space and permission—we're given permission to—there's a lot of work done on the women, and you know, you need to do that, we need to understand ourselves, and we need to work through what we're going through, so that we can have positive relationships with our children, but they need to work together, not separately.*

In focus group four, with the second group of women, discussion also explored the need for help with the relationships formed with the children. However this group identified that, post domestic violence, they needed help to achieve personal changes which would enable them to initiate and enjoy relational times:

**Stephanie:** *Just for me, the whole conclusion is that I've learnt that your question to this whole thesis to me the answer is 'yes I don't spend time with him or read to him because I've got to clean the house because he'll be home soon.*

**Chantelle:** *And even when you don't have to clean the house anymore you still find that you can't do certain things with the kids.*

**Sarah:** *You don't feel like you can have fun with them.*

**Stephanie:** *You're not allowed to and stuff.*

*(Tanya nodding agreement)*

**Me:** *And you picked up on some of that stuff too, Tanya?*

**Tanya:** *Yeah I think that it's, the things that you didn't have the ability or weren't allowed to do and sort of bond with your child in that situation, it's now compounded but in a different way because you're an individual having to run the entire house hold and so it's different challenges to then try and still bond with the children and keep up with how they're travelling in their life but for different reasons so it's, and there's a really good, what I did today, I didn't clean the dishes and I didn't do the vacuuming and I didn't, but I played in the sand pit or I sat down and read a book, I went in the garden and it wasn't a waste of time sort of thing but all of these chores and whatever, they're always going to be there every day so just learning that people and relationships and your children especially because they grow up so quickly.*

**Stephanie:** *I was just going to add that even if I did have the time to play in the sand pit I couldn't do it straight away, I have to actually learn how to spend time with them, I have to learn to be patient and listen, you know how they talk and repeat themselves and don't make any sense, some people go oh yeah, I'm like yeah, yeah whatever! I haven't got time, no*

*I'm not that bad but it takes me a while to learn to relax, I don't care just to read a book and spend time talking about it, not just race away.*

The women feel responsibility keenly as they continue to negotiate the relationships with their children after escaping from domestic violence. They see themselves as responsible for their children's wellbeing in present and future and they continue to carry that responsibility alone as is expected by westernised society and its institutions.

### **Women's wishes for their children**

Before closing the final focus groups I asked the women to complete one last task in the hope that they would leave the research with thoughts of their agency in the present and future rather than with distress about past issues. The following represents the women's work in response to the question:

**What do you want for your relationship with your children in the future?**

## Participants in the first set of focus groups

Kate and Harry



Figure 15 **Kate's final clay representation (focus group 2)**

**Kate:** *I might go first this time. I know what I wanted to do, but I couldn't pull it off. So, my bar of soap is actually a pillow because I want it to be soft. That's to represent I want my future with my children to be gentle and soft, and open and light. So, my feather is light, and my soap come pillow is soft, and I couldn't do anything for open and gentle, I didn't know how to work with that, but that's how our future's going to be, and we're well on the way to that now.*

## Kay and Queenie



Figure 16 **Kay's final clay representation (focus group 2)**

**Kay:** *Self explanatory—don't have to protect her as much, but we're connected by love, and we're happy, so that you can still be apart but feel ... (emotional). I guess I'm still hurt that I can't feel like that with anything else ... you know, no matter how nice they are, I can always find a reason to not give myself totally. I know we talked about that last week, but there's still—I still have to wrestle with that lack of trust, and I hate that I feel like that. It's kind of like nothing's that representation of it being really innocent, and what was really taken from me was that innocence of love, you know, is that I went into it with just wanting to give myself and it all got ripped out and treated like crap and without respect. So, while we've got that there that's my thing, yes this is no matter what I do everywhere else it all comes back to that, and that kind of link of love, you know? And then I worry, do I make her feel that she's too dependent on me to keep me happy. So, yeah I could have—I don't like that my trust has been taken away, and no matter how happy I can appear on the outside I've still got that really good skill of hiding it, and it's not really a good skill but it's something that I've got ... and a really good thing. But still that's my happiness and you've got to look at them when they're asleep, and look at them when they're laughing and when they're playing with other children and think everything's worth it and that you'd go through any of that shit again to get them to that place that they are now.*

Elizabeth and Chris



Figure 17 **Elizabeth's final clay representation (focus group 2)**

**Elizabeth:** *Mine is my boys all grown up, being there for each other, being independent but we're always there for each other no matter what, a close-knit family.*



## Angela and Ben



Figure 18 **Angela's final clay representation (focus group 2)**

**Angela:** Mine is a few things. First and foremost is I want him to always feel that we're equal, as individuals, that I love him and respect him, and my arms are always open for him and that he can feel that he can do that with me, as he gets older, that's being a man that he can show his emotions. The love that we have for each other, and well, I've written laughter, I want us to be friends ... there's two different things, there's that pillar of strength that he's helped me through, and I want for us to be that to each other, and it's also like a piece of clay or a stone where he can be an individual, and ... his own life ... for him to do that, and I want him to understand how—learn how to be successful, not just in ... successful in managing your emotions in your life, and you know, because I think, being a boy, for me is they need to learn how to do all that ,respect for each other, and understand why I've had to make decisions . My biggest fear is he won't understand and he'll hate me, (crying) not understand at the end of the day ... I'm trying to ... teenage years, and ... (crying)... someone ... future for him as well ... part of my life, and he ... you know ... but then you think, well have I really ... and you can understand that, and how am I going to make him understand that.



## Lily and Poppy



Figure 19 Lily's final clay representation (focus group 2)

**Lily:** Mine is Poppy and I, and ... that's supposed to be an oyster and that's the world. So, in our future the world is our oyster and I want to show her that she can do anything that she wants to do, and she can become anything that she wants to become, and she's never had to be controlled by a man, and to be independent and strong, and never let that get overshadowed by anybody else, and I'll always be there for her (crying).

Coongah and Wunyi



Figure 20 **Coongah's final clay representation (focus group 2)**

**Coongah:** *I want to see my children have everything, you know, because we had fuck all, we had nothing, me and my children. So, in the past few years, and look, I didn't think I'd be working in the government, you know, a single mum with four children, but I want them to have the best, and it's my oldest one I've got to work on yet. But, yeah, no I want them to have everything. I want them to grow up and be better, you know, put them on the right track. I don't want-don't want them going down the same path as their father.*

## Participants in the second set of focus groups

Stephanie and Charlie



Figure 21 **Stephanie's final clay representation (focus group 2)**

**Stephanie:** *I've already said mine but I'll just say it again, it's just a circle, a strong circle with sharp spikes so no-one can come into our little family and do anything to us and within that circle we have love and peace, I was going to put all different things like love hearts and peace signs and all that but then I thought nah, but yeah you get the drift.*

Sarah and Tom



Figure 22 **Sarah's final clay representation (focus group 2)**

**Sarah:** *Happy, smiley with love.*

## Tanya and Angus



Figure 24 Tanya's final clay representation (focus group 2)

**Tanya:** Mine is just all turned on its head so we've got all the muddle and just stuff that was bothering us underneath me, I'm all on top of it but I still have access to it because initially I thought I want to bury it but it's not terribly healthy because I think as I said before I think it gives you a good place to, it's not nice to recall what happened in a situation but I think it makes me appreciate the ups of my life when I'm feeling down now, I think I'm in such a different place that I was three years ago and so that's okay to access it and allow myself to go yeah that was really bad and even if I'm in a bad situation now, it's not going to be that bad again and this is Ruby and Angus again attached, we're all attached together, in a good place and all that muddle and crap is underneath.

It's all smoothed out as well, there's no holes in us, it's still a bit lumpy and bumpy because that's how we are but there's no holes, we're a little bit more smoothed over and emotionally OK.



Selma and Ken



Figure 25 Selma's final clay representation (focus group 2)

**Selma:** Like I said to you, I stay focussed, I want to be a happy family; I'm focussing on my family to make them happy. I want to be a happy family.

Chantelle and Roxi



Figure 26 **Chantelle's final clay representation (focus group 2)**

**Chantelle:** *I used a wall as the foundation because that's our path and then it's just love but the hearts are sort of on the outside of me because it's safe to go outside now so hopefully, I hope for them that they can be happy outside of me sort of protecting them all the time and that it's safe for them to go outside and again everything is smoother, that one didn't actually come out that smooth but yeah most of it is all smoother, less lumpy and bumpy, there's our history and it's just all love.*

*I guess they're still going to be rocks, it's still going to be a bit rocky but it's just what it is sort of thing but you know and the balls were actually from the previous sculpture in that again they're still there, the rockiness from the past is still always going to be there, it's always going to be in our life but yeah everything is just that little bit easier and smoother and happier.*

## **Reflections on the women's final clay work**

In considering the women's final clay work, themes of hope, change and agency predominate, yet there is also a strong sense of protection for their children in the present and future. Lessons from the past have been acknowledged and for some there is fear for the future concerning the impact of domestic violence on their children and on their relationship with their children. The women's words about their clay work show that they have wishes but also fears. They are aware of the need to provide an ongoing secure base and safe haven for their children. This is exemplified by thoughtful references to dependence and independence as the children mature towards adulthood.

To close my analysis of the women's contributions I emphasise that the presentation of context, relationality and women's subjectivity does not represent closure. The women, their children and the relationships between them continue to grow and sometimes to represent struggle. To end this chapter I present the women's clay work and words at this time and place, in the knowledge that their wishes, fears and hopes for the future will continue to evolve.

## **Conclusion**

There is, of course much more to each woman's story. In presenting the findings I write to themes rather than to illustrate whole life experiences. However, in this chapter I have captured some of the complexity of forming mother-baby relationships in domestic violence. Through this process I have not described each woman's upbringing, her personality or that of her baby. This is the domain of attachment theorists and while choosing not to investigate these factors I have shown that the many complexities of forming a primary relationship when in domestic violence shape the relational experiences of women and of babies.

In the next chapter I utilise these findings as a basis to discuss the implications of my study and I consider how the premises extrapolated throughout these findings can be



utilised in policy and practice to support the building of relationships between women and their babies when domestic violence is an issue.

## Chapter 7

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# ***I was too busy protecting my baby to attach:* How sustained hostility leads to increased protectiveness and constricts space**

### **Introduction**

For over 20 years attachment theory, as a grand narrative (Franzblau, 1999), has dominated policy and practice concerned with women and their babies with claims that attachment patterns, set in infancy, affect development across the lifespan. As argued earlier in this thesis, this perspective gives little regard to context, the lived experience and the subjectivity of women. Indeed, from an attachment perspective, the forming of relationships between women and babies in domestic violence is the subject of claims which hold mother–baby relationships responsible for later difficulties, including psychopathology, whether violence is recognised or not. Following my research and analysis I contend that a different paradigm is needed to understand relationships between women and babies in domestic violence situations.

This research has used a feminist informed design which prioritises women’s voices to seek knowledge about context, relationality and subjectivity to address the following objectives:

- **To gain knowledge from women’s experiences about how the formation of relationships between themselves and their babies was affected by domestic violence.**
- **To review current theory applied to the formation of relationships between women and their babies in domestic violence from a feminist perspective.**

- **To gain insight into practice implications for work with women who form relationships with their babies in domestic violence situations, informed by the women who participate in the research.**

The methods used in my research were designed to enable the empowerment of women who participated. From a position of empowerment the women contributed to knowledge from their lived experience about how the formation of the relationship with their babies was affected by domestic violence. The women contributed their knowledge from places deep within themselves. Their subjective experiences represent knowledge which is seated in emotional authenticity. To present with such emotional congruity was often painful. For many of the women self examination raised feelings of grief, guilt and anger as well as more easily acceptable feelings of tenderness, pride and strength.

My reflection is that the women were most often contributing from a wish to help others but also, for several, participation was a cathartic experience for themselves. In this way by volunteering to participate in this research women saw themselves as holders of knowledge but also as vulnerable and changed by their experiences of living with domestic violence. In a ‘communicative space based in caring’ (Pajnik, 2006), as described in Chapter 3 of this thesis, all of the women were able to courageously tell of times that were experienced as a dark place in their lives and the lives of their children. They spoke with voices based in relationality. The building of an emotional relationship with their children as babies was the content and the newly formed relationships with me and the other participants in the research was the context. It is my task to honour the information that they brought to this study. I do this with respect and consideration of the hard paths they have travelled.

Because I extrapolate this discussion from the verbal, emotional and visual representations of women who participated in my research I purposefully introduce each section of this chapter with a quote from interview or focus group. This serves as a reminder that it is the women’s knowledge and wisdom that informs and guides my thoughts regarding theory and practice.

From presenting the analysis of the women's representations in Chapters 5 and 6, I found that crucial findings emerged which correlate to the major themes of context, relationality and subjectivity first raised in Chapter 1 of this thesis. First of all, the women contribute many examples of lived experiences where forming relationships with their babies in domestic violence exemplified a context which was delineated by an abusive partner. The attitude and actions of the abusive partner often evoked a pervasive fear for the physical and psychological safety of the baby. In some instances the fear that psychological harm had been sustained persisted to the present day.

Secondly, with regard to relationality it becomes evident that as a result of the often omnipresent context of threat, women are frequently disposed to feeling, thinking and, where possible, acting protectively towards their babies. Despite current beliefs that attachment leads to protection, the women in my study invariably present protective feelings, thoughts and actions that took priority over the formation of attachment relationships as delineated by attachment discourse. This led me to consider the specifications currently applied to mother–baby relationships between women and their babies in domestic violence and to consider a different perspective which will be explored later in this chapter.

Finally, I found that associated with subjectivity, in domestic violence the space that women have to create a secure relationship with their babies is constricted and represents an area where women use their agency to negotiate on behalf of their babies. When I allude to space it is with reference to the peaceful, quiet times that women spend alone with their babies absorbed in connecting with and appreciating the baby while interacting at an emotional level. In attachment theory constrictions on such space are under-recognised. In therapeutic practice, space to form an attachment relationship is not typically a focus for investigation. Given that the availability of such space is important to the furthering of relationships this finding also has significant implications for theory and service development. The three matters introduced here are further discussed in the following sections.

# Objective 1: Gaining knowledge from women's experience

## The context defined by abusers

### A political perspective on expert definitions

*Lily: There's no routine in that sort of ridiculous lifestyle, you don't know when there's going to be someone freaking out or kicking a door in or acting like a prince.*

The impact of domestic violence on women and their children has been well described elsewhere. In Chapter 2 of this thesis some of the studies which expose the impacts on women, babies and young children have been reviewed. Studies which are conducted from a feminist perspective recognise the multidimensional aspects of domestic violence perceiving that social, emotional, physical, financial and sexual abuses interrelate and situate the experiences of women and their children within an environment which is controlled by the abuser (Douglas & Walsh, 2010, Humphreys, 2007b, Lapierre, 2008, McGee, 2000, Radford & Hester, 2006). Therefore, it may seem to be stating the obvious that the forming of relationships between women and their babies in domestic violence is happening in a context that is defined by the abuser. However, as mentioned in Chapter 1, impacts of the constellation of abuse (Dobash & Dobash, 2004) have received scant attention in study which considers the formation of relationships between women and their babies in domestic violence.

Although research has been conducted and observations made about the effects of domestic violence on attachment patterns (Zeanah et al., 1999) the lived experiences of forming a relationship with a baby during physical, sexual, emotional, social and/or financial abuses have not been described or presented for consideration. Thus the impact of the range of partner's abusive behaviours on the relationship between woman and baby go unidentified and overlooked. Affective responses to a constellation of abuse are unseen but later judged in the searchlight approach which illuminates the woman and baby relationship while leaving all else in shadow. Concealed in the shadows are the behaviours of the abuser. As recently identified with regards to child welfare:

In domestic violence cases ... battering fathers are less likely to be assessed as undermining his partner's basic care of the children and the stability of the household, interfering with children's medical or mental health care, and attacking the relationship between the mother and the child. (Mandel, 2010, p. 531)

Franzblau (1999) suggests that by spotlighting individual women and adopting a narrow view of the mothering role the status quo is ensured and those in power remain so. Further, attachment theory is described as part of a continuum of politics informing policies which: "Depoliticizes and removes from historical review the exploitative and oppressive conditions under which most women reproduce and mother" (Franzblau, 1999, p. 29).

Currently the expert voices of those with institutionalised power define the expectations of mothering and the distribution of resources into therapeutic and early intervention systems with a bias towards a deficit model which looks for failings rather than for strengths in women's mothering. Gender issues are subsumed in an individualised approach. This is particularly the case if women are living in adverse conditions such as domestic violence where, within an attachment perspective, the focus on issues from the woman's childhood may supersede interest in the conditions in which she lives now. Constrained by methods of enquiry which isolate women and their babies in clinical settings removed from the life world domestic violence may be overlooked or myths that sustain domestic violence perpetuated. For example, intergenerational transmission of violence is seen as a given, women are viewed as hopeless or helpless and the effects of domestic violence on women and babies are subjugated to assumptions about the effects on the baby of the mother's demeanour. As Bliwise (1999) notes, attachment theory defines narrow, predictive, care giving behaviour with a finite definition of mothering. There seems little recognition that, particularly when women are living with domestic violence, the prescribed role of motherhood may not be possible or useful as the situation dictates creative coping and protective capacities (Humphreys, 2007a; Radford & Hester, 2006). Franzblau (1999) believes that through attachment theory the realities of motherhood are being subsumed in a romanticised glorification which conceals oppression and promotes the control of women. As Franzblau concludes:

Because attachment theory's focus is intrapsychic and intrafamilial, it removes from critical review the roles oppressive institutions play in pathologizing birth and early childcare. (Franzblau, 2002, p. 97)

In domestic violence when there is involvement with the infant mental health field, which defines itself as having the baby as subject, women who mother in domestic violence are described as 'recipients of service' (Lieberman & Van Horn, 2005), 'distorted mothers' (Levendosky et al., 2011) or 'disregulated attachment objects' (Thomson-Salo & Paul, 2007). Such labels suggest that women as survivors of domestic violence are pathologically inept as mothers and in need of treatment so that parenting competence can be improved. In addition women's behaviour is judged by observation of their interactions with their babies using a procedure which has been described by its creator as insufficient as a measure of mother-baby relationships without extensive hours of additional observation (Ainsworth & Bowlby, 1991; Goldberg et al., 1999a). Men who perpetrate domestic violence are not considered except for an assertion that children need an ongoing relationship with their fathers. Work to improving men's psychopathology so that they may be 'safer' fathers is not addressed. It would appear that, just as Humphreys has argued that the child welfare arena has shifted focus from men's responsibility to a focus on women's failings (Humphreys, 2007a) the attachment field has promoted a similar perspective.

From the experiences of many of the women who participated in my study it is seen that the context defined by abusive partners directly shapes how women relate to their babies. This sometimes resulted in negative effects but often heightened women's resolve to increase their investment in the relationship with their baby which was the antithesis of the relationship with the abusive partner.

Through the research it becomes apparent that women often think and, when possible, act to address the impact of domestic violence on the relationship with their babies. Many of the women in the study were well able to name and describe the complex effects of domestic violence on the relationship between them and their babies. This occurs when they are afforded communicative space based in caring as described in Chapter 4 of this thesis.

## **The context of pregnancy in domestic violence**

**Stephanie:** ... *it's like when you're pregnant you don't have any choice about how you're meant to feel. You're meant to feel fine, you can't have anything wrong so you're meant to be perfect.*

Several women who participated in the research were conscious that their pregnancy and imminent motherhood presented a challenge to an abusive partner, even before the baby was born. In a context that is designed by the abuser to preference his wishes, the woman's needs as a new mother for support and consideration are often negated. Studies of the role of women in forming relationships with their babies while in domestic violence do not consider the role of the baby's father in this 'pre-formation phase' when the woman's feelings may shift to encompass the baby. As Varcoe and Irwin (2004) state; 'domestic violence shapes motherhood yet motherhood changes women so that their experience of domestic violence is altered' (p. 79). In this study, during interviews and focus groups, it became obvious that women recognised that while their own feelings were changing to encompass the unborn baby, their partners were feeling displaced by the pregnancy. Most of the women perceived that rather than seeing their role as one of support and responsibility, the actions of the partners appeared to be motivated by fear of displacement and loss of control. The women took their own focus on the unborn baby for granted and were disheartened that their partners' did not join them in this.

## **The context of birthing in domestic violence**

**Sarah:** *It's like he was taking control and it was my birthing experience*

Women who participated in the research described how the experience of being unsupported became apparent before the birth of their babies. Further, during the birth of their babies some of the women experienced abuse from their partners. Birthing is generally seen as an important life changing experience which raises strong emotions for women (Small, 1998). However, when women in the study spoke during interviews and focus groups about birthing it was invariably with regret that their hopes of a close partnership experience were not realised. As noted in a previous study of mothering in domestic violence "mothering is an area where abusive partners can exert power and control" (Varcoe & Irwin, 2004, p. 79). In the



physical and emotional transition of becoming mothers, when there was a need for maximum support from their partners women in this study experienced the opposite. All but one of the women who participated in the study describe diverse, yet comparable, scenarios where their control of the process was undermined by partners and their concerns were exacerbated as they anticipated the imminent responsibility for a new life. Many were aware that their hopes and dreams for joint parenting were in vain and there were tears, sadness and anger expressed as women recounted their introduction to motherhood. An increase in partners' coercive control strategies was the antithesis of the support the women had envisaged.

### **Following birth**

**Coongah:** *That first year is when he knocked me around, when he started every time he came in.*

Following the birth of their babies none of the women in my study experienced support from their partners. Further, most of the women illustrated how, in various ways, a challenging milieu for the formation of a relationship between woman and baby was constructed by the abuser. This resonates with studies of maternal alienation (Morris, 1999, 2008a), where abusive partners purposefully create a wedge between women and their children as an extension of domestic violence.

Maternal alienation considers the impact on the relationship between women and their children once children are verbal and the abuser is able to affect the mother-child relationship by manipulating the children, demeaning their mother with words and actions to systematically turn children against her (Morris, 2008a). My study illustrates that the abusive words of women's partners and their actions also intend to demean the women but, rather than being directed to children, are directed at women to undermine their ability to form relationships with their babies. The advent of parenthood seems to present a new domain for undermining of women in domestic violence. As Morris (2008a) has portrayed there is a systematic undermining of the mother child relationship. Morris (2008a) considers how children of all ages are turned against their mothers by belittling her and undermining her authority in their presence. In my research I find that partner's attempts to undermine the women's mothering start when the babies are pre-verbal.

It is noteworthy that in both Morris (2008a) and my study the offspring, whether as foetuses, babies or later as children are objectified in a process intent on negatively affecting the formation of relationships between women and their children. My reference to 'objectification' here refers to the disregard abusers demonstrate for the physical and psychological wellbeing of their children.

### **Women's wishes for support**

**Sarah:** *Sometimes people just don't know do they? It would be great if they did.*

My study provides evidence that, after the birth of a baby, abusive partner's actions thwart many women's desire to form a triad of an inclusive, secure and mutually rewarding family unit. Several women spoke of how the partners who they had hoped would provide security, so that they could build the relationship with their babies in a place of tranquillity, were instead intent on sabotaging their efforts. Further, in many instances, through isolating the woman from friends and family, the women were prevented from accessing support from others. Some of the women managed to sustain their supports despite this but other women were isolated as they experienced their partners' hostile and antagonistic responses to their pregnancy, birthing and role as mother. It is under recognised that despite these circumstances women strive to create an inclusive family unit. Their efforts are intent on maximising the security and support they need so that they can optimise security for their babies. Throughout this research I found that women put effort into creating a safe environment through attempts to accommodate the abusive partners' demand for priority while they also adapt to the new role of caring for and nurturing their baby.

The efforts of women, as described in Chapter 5 of this thesis, may well be overlooked when the range of abusive behaviours employed by men who seek to dominate through power and control are rendered invisible by theories which fail to take account of the multiple aspects of domestic violence. As a result the conditions of the woman and baby's lived experience are not fully comprehended. In current theory and practice which focuses on the relationships between women and their babies there is little recognition that, in domestic violence there is no secure base or safe haven for a woman as mother. This constitutes a destructive environment for the

formation of the primary relationship between woman and baby. In the next section I consider the implications of this as it was the subject of numerous interview and focus group discussions with and between women in my study.

## **Sustained hostility**

*Tanya: Your behaviour and how you respond is always on the back foot.*

The aspects of domestic violence that seemed to be most consistently felt by all the women in my study concerned what is usually euphemistically referred to as ‘lack of support’. Up until now I have used the term ‘lack of support from abusive partners’ but I have become increasingly uncomfortable with this term as it is an expression more suitable to descriptions of mothering alone, as a single parent, or as a woman who lacks friends and supportive family. Although many women in domestic violence do indeed ‘lack support’, it is also clear that there is not just an absence of support but a malevolent presence. The majority of women in my study spoke of managing a myriad of tasks and roles in an atmosphere of sustained hostility generated by the abuser. Many were routinely criticised for their efforts. According to several of the women this sustained hostility particularly focused on the forming relationship between them and their babies. This prompted some women to *‘fly under the radar’* as they related to their babies while guarding against a diverse range of hostile words, actions, withholding of resources and assistance as well as unrealistic expectations. With this understanding from here I refer to ‘sustained hostility’ rather than ‘lack of support’ to describe the ongoing actions and impediments which impact on women, babies and the relationships between them in domestic violence.

From my study it is clear that the pervasiveness of abusers control strategies means that the pressures on the mother–baby relationship are ongoing, rather than confined to aggressive outbursts. Often women’s attempts to create stability are continuously frustrated as they strive for an unattainable constancy in the knowledge that calm is needed in which to build primary relationships. Yet, in the attachment field assumptions have been made about women’s reactions to ‘conflict’ (Finger et al., 2009) blind to the reality that women more often accommodate in efforts to avoid conflict for the sake of the baby. As described by women in my study it is most often

by accommodating that women endeavour to shield their babies from fear and distress.

## **Expectations**

**Kay:** *Look deeper than when a mum says everything is OK because we want to be the textbook mum, we want to be the magazine mum ...*

It is frequently believed that in domestic violence women are either unaware of their babies' feelings or unable to attend to the relationship with the baby because of negative effects of domestic violence on their own mental state (Huth-Bocks et al., 2004; Levendosky & Graham-Bermann, 2001; Lieberman & Van Horn, 2005). These are assumptions that arise from failure to consider the lived experience, emotions and thinking processes behind women's actions. Even when it appears that women are not prioritising their babies needs they may be solicitously trying to optimise the conditions for building the relationship with their baby. Women do this by attending to their abusive partner's demands so that the relationship with baby is less threatening to him. In these instances women as mothers are utilising their subjective and received knowledge of the need to tend relationships (Jordan et al., 1991a). In fact they are attempting to fulfil the role proscribed for them as new mothers in a society which expects women to take responsibility for relationships. From my study it can be seen that many women attempt to care and acquiesce to their partner's demands in the hope that the partner will contribute to the formation of a cohesive, loving family unit. In addition many women are also attempting to satisfy traditional discourses of women as subordinate carers through fulfilling duties as mothers, home makers and responsive partners (Humphreys, 2010).

## **Thwarting women's wishes**

**Athena:** *I had to go along with everything, everything that he did ... I had to go along with it.*

Against this background women's anticipation of their partners' involvement and the contrary position taken by abusive partners is an anathema. From my study it is clear that, rather than supporting the relationship between the woman and the baby or trying to build a relationship with the baby themselves, it is often the case that

abusers restrict the time and space for such relationship building. It has been stated that:

Abusive men use a range of strategies to attack women's mothering as part of their general pattern of violence, but such strategies can only be successful because they take place in a social context that poses women as responsible for their children and places high expectations on women as mothers. (Lapierre, 2010, p. 136)

Expanding on Lapierre's argument, as a result of conditioning within society women in domestic violence place high expectations on themselves and this is exploited and used by men wishing to undermine the efforts of women to form a relationship with their baby. The effects are twofold since society sets the backdrop for men's abusive behaviour but men who perpetrate domestic violence also reinforce the societal expectations. Yet, while focus is on women's capability to fulfil a myriad of roles in relationship to their babies the role of fathers in domestic violence is given sparse attention (Douglas & Walsh, 2010).

In this environment many women strive to form relationships with their babies to the best of their abilities. In conditions constructed by a society that holds high expectations of motherhood (Humphreys, 2007b; Caro & Fox, 2008; Contratto, 2002, Hrady, 1999; Power & Hill, 2008; Rich, 1976) abusive men are enabled to impose excessive demands within the climate of sustained hostility that they have created. An additional factor is society's prescribed gender roles for child rearing. These gender roles support conditions in which abusers can dictate the terms of motherhood during a time when women struggle to fulfil the new role of mothering. The sense of entitlement felt by abusive partners is underwritten by a society which puts the responsibility on women to provide nurturing, home making and to do the emotional work of ensuring harmony (Flood, 2010). This is emphasised by systems that apportion vast resources to attachment studies and practices that assign responsibility to women as mothers for the wellbeing and security of their offspring in the present and throughout their future (Tummala-Narra, 2009).

Such emphasis confine women as mothers to the narrow role traditionally ascribed to them and sustained today through definitions of mothering upheld by attachment theory as described in Chapter 2 of this thesis. This acquisition of knowledge about mothering can deplete women's sense of agency and their status as knowledge bearers who make decisions and choices determined by circumstances which impact on them and their children.

As Tummala–Narra (2009) notes:

The vast amount of time and resources allotted to the study of maternal care and its influence on children's wellbeing underscores the responsibility that is both subjectively experienced by mothers and that which is ascribed to mothers by social forces. (p. 10)

Within such societal expectations abusive partners can expect women to take responsibility while they absolve themselves of liability. From the evidence presented during interviews and focus groups in my study this is felt keenly by women who experience domestic violence. Just as the myth of the perfect mother is a source of stress for all women (Caro & Fox, 2008), in domestic violence it is easily exacerbated by sustained hostility, consisting of excessive demands, undermining and isolation. In domestic violence women are encouraged to see themselves as failing by abusive partners and by theory which narrowly describe the roles of women as mothers, irrespective of context.

In addition the subjective experience of knowledge received from the family violence and attachment theory perspectives, which postulate that violence as intergenerational, troubled some of the women by encouraging feelings of hopelessness. This ensured that some women in this study continued to feel powerless regarding the future of their male children. This may have a detrimental effect on the relationship between some women and their sons by casting doubts on women's ability to influence their sons' behaviour through relationship, mothering and limit setting. This is overlooked in current debate.

## **Invisibility**

**Stephanie:** *You feel hidden from the rest of the world.*

My study exemplifies that in current understandings, not only are the actions of abusive men rendered invisible, but when the focus is solely on the baby, women, apart from in their prescribed mothering role, are rendered invisible. The maternal representation is interpreted without a vision of the woman or her life, thoughts and feelings. When women are scrutinised purely in their role as part of a dyad they cease to be perceived as subjects who have needs of their own. Such undermining of women, by systems which fail to recognise the context of women's experiences of forming a relationship with their baby while in domestic violence is exacerbated by disregard for women's subjective knowledge. Women's feelings of invisibility and insignificance increase when their knowledge is negated.

Within an attachment framework it is expected that many women in domestic violence will have difficulty forming secure relationships with their babies. Part of that supposition is based in assumed knowledge about the fear experienced by the woman. Although I question why fear is an emotion recognised by the attachment field when other salient emotions are unexamined, following the data analysis of my study I offer an alternative understanding of fear in domestic violence.

## **The place of fear**

**Sally:** *What was I scared of? Of making it worse.*

With regard to the context of sustained hostility determined by abusers as outlined previously, I return to the issue of fear which was introduced in relation to the forming of primary relationships in Chapter 1 of this thesis. The placing of fear in my discussion is intended to throw new light on the issue of fear in relation to the formation of primary relationships between women and babies in domestic violence. In doing so I consider how women differently described fear for themselves, for their babies and for the relationship between them. Of course, as exemplified in Chapter 6, fear is felt in different ways and to different degrees by each woman and each baby,

and there are different reactions to fearfulness depending on personality and circumstances.

Previous research suggests that the number of times babies witnessed violent acts needs to be investigated further (Zeanah et al., 1999). However, assessing the amount of violence witnessed by the baby would not testify to the tension caused to both baby and woman by the constant presence of fear in an atmosphere potent with potential violence as described by the women who participated in my research.

As Goldberg et al., (1999a) state: “Fear is an emotion that arises out of anticipated threat to wellbeing” (p. 476). In domestic violence outbursts are recurrent and unpredictable with anticipation of the next episode of abuse heightening the threat to the wellbeing of the woman, the baby and the relationship between them. The actual acts of violence, while generating acute fear also generate a climate where fear becomes a constant. From the accounts given by the women who participated in my study I identify that there are three general categories of fear. These categories are garnered from depictions of fear described within fourteen of the sixteen interviews in my study and discussed in three out of four focus groups.

In discussing the encounters with fear that women brought to my study as separate issues my intent is to extend and contest existing expert knowledge. My contention is that fear related to the formation of relationships between women and their babies in domestic violence concerns three differing understandings:

- fright responses to immediate danger
- fear in reaction to extended, forced separation between women and their babies
- representations of pervasive fear while living in a state of insidious threat.

### **Fright responses to immediate danger**

*You just don't know what's round the corner, you just don't know how far he'll go. (Tanya)*

It has been stated that incidents where the baby is fearful are rarely observed (Goldberg, et al., 1999a). With regard to domestic violence, I would agree that researchers and practitioners seldom witness incidents that induce fear in the baby.



However, women as mothers are present to ‘observe’ their baby’s fear in response to perceived danger in domestic violence. In my study, some of the women described situations which were emotionally charged with fear for both woman and baby. Women’s recollections of these times provide insights into fear reactions in the babies and the subsequent responses of both woman and baby.

As described in Chapter 6 of this thesis, several women told of instances in domestic violence when the abusive partner became overtly menacing in the presence of the baby and the babies looked to their mothers for protection. It appears that when possible, the women protected by first disarming the source of that fear in any way that they could. Women most often responded by complying with the abusive partner’s demands or reasoning with him until his aggression lessened. Comforting the baby was preceded by establishing safety. This would appear to be the most appropriate response to a situation where there is danger. The women were acting to protect their babies.

### **Understanding fear**

*Hilda: Archie’s (baby) there like don’t forget me, and I couldn’t go, because I knew his father would hurt him ... and he (partner) goes ‘if you go out the door I’ll kill him’ and I had to go; ‘I love you, I was only joking’ you know, trying to calm him down.*

Goldberg et al., (1999a) note that sensitivity to fear and distress is the distinctive feature of the attachment system. Referring to the sensitivity of the woman to cues given by the baby as crucial to the development of secure attachment the expectation is that the woman as mother will reach to reassure the baby with physical comfort. However, in situations such as that which is described in the quote above women may pick up on cues and attend to the source of the babies’ distress before being able to provide comfort. In situations such as this several women identified how they responded to the babies’ needs in a way that did not immediately provide physical contact between woman and baby. This raises questions about whether the baby may recognise the woman’s actions as a response to their cues. By recognise I mean that babies identify and distinguish actions in relationship to themselves. For answers I turn to studies of intentionality. Research has shown that from 6 months babies

recognise intentionality defined as the intent behind others' behaviour. From 10 months babies are known to discern the goal orientated intent of others (Tomasello, Carpenter, Call, Behne, & Moll, 2005).

In addition, child development research has established that from 2½ months old babies recognise changing events within their scope of vision (Baillargeon, 2004). In fact, attachment theory recognises that babies perceive threat to their mothers. It follows therefore, that babies will also be aware of the source of that threat. It seems probable that babies can also perceive the actions of the woman as mother in response to the person who is threatening.

Through accessing knowledge from women who have mothered babies in domestic violence, I assert that babies observe and may be able to understand women's intentionality and be aware that they are being protected. Yet attachment research and practice which preferences expert observations made in constructed settings such as the strange situation procedure (Ainsworth et al., 1978) give scant credence to knowledge based in women's or, indeed, babies observations. This means that practice remains uninformed by women's knowledge and therefore babies' ability to observe others actions in frightening situations is unexplored.

### **Fear and protection**

**Hilda:** *It's just terrifying, I just wanted to protect Archie (the baby), that's all I was worried about.*

In exploring fear with regards to the relationship between women and their babies the analysis of my findings raises questions about the relationship between fear and protection. Many of the women described fear as the emotion which activated their protective feelings towards their babies. Others believed that their feelings of protectiveness had been amplified by the fear they experienced. This sits uneasily with the attachment perspective that fear in the mother predestines disorganised attachment where the child perceives neither a secure base nor a safe haven. The assumption is that the baby discerns fear but not protective thoughts, feelings and actions. In conversation with Charles Zeanah (World Association for Infant Mental Health Congress, Leipzig 1.7.2010), we agreed that the abuser coming between the

woman and her baby, shouting, displaying anger and distressing the woman while making her unavailable, is most likely to be a source of fear for the baby. However this is not apparent in literature based in attachment theory, which holds women's reactions responsible for babies fear.

Within attachment theory there is a belief that fear in the face of the woman as mother prompts a fearful reaction in the baby (Liotti, 2005). As noted in Chapter 1 of this thesis, this premise asserts that it is a symbiotic transfer of fear between mother and baby which leads to disorganised attachment. This theory is debatable when a third person, who is behaving in a frightening or threatening manner to the mother, the baby or both, is present. I agree that women who are being threatened, or who see their babies being threatened, are fearful but I contest the assumption that women's faces display fearfulness. The narratives of women in my study provided several examples of situations where women were aware of the need to conceal fearfulness while using their agency to defuse dangerous situation. In frightening situations women describe how they stifled emotions which, if shown, could escalate violence. In these circumstances the women described how they would strive to keep a composed demeanour as part of their strategy to promote calm. This resonates with another field of women's safety when some women, faced with the possibility of rape, are able to conceal feelings, think through their options and use their agency to navigate their best possible strategy for survival (Herman, 2001). In domestic violence situations, as when faced with potential rape, women do not always succeed in averting an attack, nor do all women survive. However, to presuppose that fear subsumes thoughts and actions is to miss women's use of agency to suppress visibility of emotions, process thoughts and act despite their fear.

Of course, not all women are able to defuse the partner's aggressive outbursts which happened in front of their babies and sometimes when women are unable to intercede with abusers it is because they do not want to incite further rage. It is also worth noting that the abusive partner may place himself between the woman and her baby thus separating baby from the source of protection while generating fear for both.

## Recognising babies' fear

**Sarah:** *Up until we left he (the baby) was scared ...*

Women do not process their feelings at the time when the abuser is between themselves and the baby because their focus is on the physical and emotional needs of the baby rather than their own predicament. In my study women describe how they recognised the fear on the faces of their babies and they tell of their actions to address the situation that was causing their baby to feel fearful. The source of fear is the father's threatening behaviour and, through a mentalised response, as described in Chapter 2 of this thesis, which connects with the baby's feelings women take steps to alleviate their babies' fear.

However, two women in my study described incidents when the abuser suddenly lashed out at the baby in spontaneous outbursts of violence. At these times the women had no time to pick up cues or to act protectively. It seems probable that the babies would feel fear in response to the frightening actions of their father rather than in response to the look on their mother's face. In both instances these events created fear for the women that their babies could be harmed and prompted the women to plan escape as the only remaining option for protecting their babies.

## Acting in response to fear

**Amber:** *He threatened to top himself and take the baby with him.*

As described in the last section, when there is a perceived risk to the baby's physical or psychological wellbeing, women often try to keep their composure and respond to the baby's cues by taking charge of the situation. Through the testimony of several women who participated in my study there is evidence of incidents when women recognise their baby's fear and use their agency in different ways to prevent harm. These uses of agency are represented in my study by instances of:

- acquiescing to their partner's demands
- smoothing the situation to the best of their abilities
- reasoning with the abusive partner
- comforting the baby as soon as it is safe to do so.

Many women in my study speak of being motivated to act by the need to protect their babies. They did this in various ways and with varying degrees of success. However, within their experiences there is evidence that women, even in very stressful situations recognise babies' cues which they perceive as imploring them to act on the babies' behalf. Given knowledge about babies' ability to interpret their environment, noted previously in this chapter, it is plausible that babies may then recognise their mothers' intent to defuse the source of fear. Thus both woman and baby reach for protectiveness, woman to protect and baby to be protected.

From an attachment perspective it is understood that, when there is fear, the attachment system functions to minimise the baby's sense of threat (Goldberg et al., 1999b). However, from various experiences cited in my research there is evidence that it is women's protective feelings, thoughts and actions that are activated by the baby's sense of threat. In light of this I hypothesise that in domestic violence, confidence that the woman as mother will attempt to disarm the threat is as likely to be recognised by babies as the mothers' ability to respond by providing comfort.

Nonetheless, as exemplified in Chapter 6 of this thesis, in other situations women are prevented from responding to the baby's cues because the baby is removed from their care. In some domestic violence situations babies are taken out of the reach of their mothers. In the next section, I discuss the probability that, in these instances, the baby's sense of security is affected by being forcibly separated from the mother as source of protection.

### **Separation and fear**

**Sally:** *When he took the baby that really put a big barrier up for me.*

I have noted that there are times when women are separated from their babies by an abusive partner who is between them and the baby. I have also discussed instances where women placated the abuser to create safety before reaching to comfort the baby. Two women in my study reveal that there are other fear inducing situations where women are not able to allay the baby's fears. This happens when babies are taken from their mothers as primary caregivers, for extended periods of time by an

abusive partner. In the situations where this occurred the women believed that their partner's purpose was to present the ultimate threat, so that they gained compliance and reassert dominance. These women perceived the removal of their babies as the definitive punishment which commanded compliance as in the circumstances of not knowing whether the baby was safe, the women conceded that they would do anything to be reunited with their babies.

In the longer term these scenarios, once redressed, increased the women's resolution to leave abusive partners. It seems that, similar to situations described in Chapter 6 when the baby was in danger of physical harm, separating woman and baby dissolved any remaining trust in the abusive partner as the women were then aware that the partner could use this strategy again. Whether they had been able to foster a secure relationship with their babies or not, women in my study who had been in this predicament resolved to leave to protect the babies. These actions to protect therefore seem to be independent of mother–baby attachment.

As I have illustrated, babies are separated from their mothers for short periods in frightening situations and, on occasion, for lengthier times when the abuser absconds with the baby. However, because the issue of forced separation is not generally raised with women who have babies in domestic violence, the extent to which predicaments such as these occur is unknown. Yet, instances of forced separation have significance for attachment theorists. Bowlby (1982) was particularly concerned about attachment insecurity for babies separated from their mothers in infancy. It is understood that separation from the primary care giver causes insecurity in the attachment system. Indeed Robertson, a colleague of Bowlby's, was instrumental in changing United Kingdom hospital policy regarding separation of young children from their mothers through producing compelling evidence that enforced separation can damage the ongoing primary attachment relationship (Robertson & Bowlby, 1952).

Direct disruption of the mother–baby relationship clearly has consequences. Yet, in the case of domestic violence it is rarely asked whether the abusive partner has enforced separation. Through research using observation or survey, which does not

build a relationship with the participant or give her space to communicate with emotional congruity, emotionally laden incidents of enforced separation do not come to light. Therefore the instance of babies being forcibly separated from their mothers in domestic violence has not been investigated. This is despite the babies' predicament of perhaps being in a fear inducing situation while separated from their mothers. As a result of this lack of research the frequency of babies reacting fearfully to forced separation or removal in domestic violence is unknown and the effects, including any possible correlation with disorganised attachment patterns, have not been studied.

### **Pervasive fear**

**Kay:** *Yeah, I think while you're in the relationship you tend to be working extra hard to make sure you don't cry at the wrong time, make sure there's not too much baby mess around, make sure there's not this or not that.*

With reference to my third definition of fear as pervasive, from my study it becomes clear that this is another fear that strengthens a number of women's resolve to leave. Several women spoke about leaving because they recognised the negative effects that ongoing fear was having on themselves, their baby and the time to build a relationship with their baby. While living in a state of hyper-vigilance as a way of deflecting abuse these women discerned that the ongoing culture of fear and the need for them to focus on protection precluded space to optimise relational time with their baby. In these situations the women protected their babies to the best of their abilities while bolstering their internal determination by planning, securing resources and accessing supports so that they could leave. Escape was perceived as necessary for the sake of the baby because of, and despite, the context of domestic violence. Although some of the women in my study identified fear of the repercussions of leaving they acted in response to their babies' needs while also considering the physical need for safety of their babies during the decision making processes that they undertook. For the majority of women in my study such decisions were based in emotions but with attention to practical issues such as housing, finances and future safety in mind.

In situations where domestic violence inspires fear for the baby's safety many women in my study can be seen as responding both proactively and reactively. In ways which are evident when women speak of their lived experience many respond to the fear for their babies with protectiveness. When they were prevented from protecting by being separated from their babies these women resolved to leave. In the next section I further explore the place of protection as a response to fear for the physical and psychological safety of the baby. In doing so, I utilise knowledge presented by the women in my research to contest current understandings of the place of protectiveness in the formation of relationships between women and their babies.

## **Objective 2: To review attachment theory**

### **The place of protectiveness**

**Kate:** *I think the one thing we all found is determination to protect them (our children) and strength in us that we didn't know we had.*

In this thesis, by taking a feminist perspective and accessing the lived experience of women and babies, the sustained hostility of domestic violence which represents multiple forms of abuse that impact on the relationship between women and their babies are exposed. As Balbernie (2002) states; "A wider perspective opens up the constellation of interconnected individuals and social factors behind the attachment relationships" (p. 338). Yet this has not been applied when attachment research and theory takes a narrow view of the effects of domestic violence. The contrast with Bowlby's vision of the supportive and sustaining father helping when necessary, cherishing and providing for the woman so that she has the space and time to attach to her baby is profound (Bowlby, 1988). My research has explored that wider perspective and it illustrates how the varying aspects of domestic violence directly impact on the woman as mother, the baby and the relationship between them. It has been noted that there are many variables impacting on women as mothers including the social context (Tummala-Narra, 2009). As is seen from the testimony of the women in my study the context of domestic violence constitutes many variables which impinge on the forming of relationships between women and their babies. In



light of this, it is remiss to assume knowledge of the circumstances when the term ‘domestic violence’ is used.

In the relational context of a communicative space based in trust which was created during interviews and focus groups in my study it became apparent that experiences of sustained hostility led to feelings of protectiveness towards the baby. Attachment research makes little comment about protectiveness predating attachment yet my findings indicate that for women in domestic violence protectiveness may be roused and sustained in response to abuse. Protectiveness was present in many ways which have not been recognised in research which uses observation and survey.

It is through applying feminist theory and employing feminist methodology that actual experiences, including emotional experiences, of building relationships between women and babies in domestic violence are identified. Within a feminist standpoint my research set out to explore further than ‘observable behaviour’ by analysing data based on the lived experiences of women who have built relationships with their babies while in domestic violence. Analysing the data presented by the women led me to a place I did not expect. Through the women’s narratives a major contention with current knowledge emerges. This knowledge is based in evidence of women’s thoughts, feelings and actions to protect their babies whether or not they have built a relationship with their baby. My research does not negate attachment theory but it does question the focus of attachment theory and, accordingly, raises questions about approaches to practice.

A central premise concerns women’s thoughts and feelings of protectiveness towards their babies whether or not there is space and time to form a secure relationship. Through reflecting on the context of living with sustained hostility and the resultant responses to fear which are presented through my research, I suggest that protectiveness has been misplaced by attachment theory approaches which situate protection as a product of secure attachment. From my research the sequence changes to protection first. In domestic violence protectiveness becomes the neon light of mother–baby relationships.

Many women who participated in my research refer to intense feelings of protectiveness towards their babies from pregnancy onwards. They also describe the development of thoughts and intentions which were motivated by the need to protect the baby. It is hypothesised elsewhere that attachment is about the building of a relationship that has protection as its central tenet (Goldberg et al. 1999a). Within this view babies feel protected when their mothers provide a secure base and a safe haven identified by interactions between the woman and child (Ainsworth et al., 1978; Hoffman, 2006; Marvin et al., 2002). Yet women in my study identified protectiveness as a matter which was often separate from such dyadic interactions. From their descriptions protectiveness is differently defined. In domestic violence protectiveness includes defending the baby through strategic interactions with the abusive partner, promoting calm and ensuring safety through proactive and reactive actions. If we look at protection in relationship to the potential for harm all these actions are protective. I suggest that they are also relational in that the actions are intent on protecting a relationship which is perceived as important.

In contexts controlled by abusive partners women's descriptions of protection include acts which consume the time and energy for building relationships with their babies. Even women who defined themselves as unable to form a secure loving relationship with their baby identified thoughts, feelings and actions that they identified as protecting the baby. This is significant because in the literature, apart from a study by Sandbrook and Adamson-Macebo (2004) which found that pregnant women felt protective towards their foetus rather than love, there is little previous reference to protective feelings that precede the formation of mother-baby attachment.

It is noted by Sandbrook and Adamson-Macedo (2004) that protective feelings are heightened by fear of harm to the foetus. They surmise that because attachment is a system which develops over time and protectiveness is an emotional response it follows that protectiveness precedes the formation of a relationship with the baby. However, it is established in my study that protectiveness, although initially an emotional reaction, also develops over time as women consider how best they can protect their babies by preventing harm and allaying threat. If protection is a

response to threat to a vulnerable baby from hunger, cold, heat, or from a physical or psychological external harm then in domestic violence, where the physical and psychological threat is recurrent, there is an ongoing need to think and act protectively and to fashion behaviours around the need to protect.

### **Pre-empting harm**

*Elizabeth: I was so busy trying to make sure that everything was perfect so that we didn't get the yelling, screaming, the hitting, all those things. So it was trying to protect him the whole time from that.*

It is apparent from focusing on the context and the pervasive nature of fear, as described by women in my research, that domestic violence creates a climate where many women toil to pre-empt the partner's emotional and/or physical outbursts which may frighten the baby. For some of the women in my study speaking of the need to protect their babies raised strong emotions of distress, disappointment and disillusionment in their partners' actions. In interviews and focus groups women's anger was provoked when recalling situations that contrasted with anticipated loving, shared experience of jointly appreciating the baby with their partner. Such disillusionment and anger could partly be based in the high expectations women have of mothering in a society which romanticises motherhood and lauds two parent families as the ideal. Attachment theory, with the promotion of secure attachment as the preferred option for the wellbeing of babies and the focus on intensive mothering, may well exacerbate women's beliefs that they must achieve an unrealistic exactness of care.

However, for women in domestic violence it seems that the expectation of intensive mothering can present an untenable dilemma as they identify that the formation of a relationship between themselves and baby is perceived by abusive partners as a threat to their sovereignty. Therefore, paradoxically, some women attempt to fulfil the wishes of their partners with their baby's needs in mind. Some of the women attempted to reconcile their partners place in the new family because they identified that their partners are feeling displaced by the baby. This is a dimension of protection unidentified by theorists who do not reflect on how women in domestic violence respond to the partner's demands to maximise security for the baby. My study

uncovers how many women in domestic violence negotiate safety for their babies in ways not generally recognised as protective.

If applied theory fails to recognise the sustained hostility which dictates the context of domestic violence, women may seem absent and unable to hold their babies in mind. If there is no evidence to the contrary women may easily be deemed as overwhelmed by their situation. As illustrated above, I found that rather than being preoccupied with their own predicament, women in domestic violence situations are often acutely aware of their babies' needs. When harm was imminent many of the women in my study reacted to their babies' cues by tracking the baby's emotional needs and responding in ways that are rarely considered, enquired about or perceived as protective. I do not dispute that fear affects babies. Fear on the face of their babies was evident to many women in my study. However, I suggest that fear in the baby is more often induced by a frightening father than by a woman who is intent on allaying her baby's fear.

As is stated elsewhere: "The belief that mothers are directly and indirectly responsible for children's emotional, social, physical, and intellectual development is pervasive in contemporary Western society" (Tummala-Narra, 2009, p. 8.). Within this expectation it is implicit that women must protect physically, emotionally and developmentally at all times. This view implies that context does not impinge on women, on their babies or on the process of building the relationship that is seen to be the mainstay of the baby's future wellbeing.

It has been noted with reference to previous studies of mothering children in domestic violence, that women are aware that their children need additional protection when living with domestic violence (Lappiere, 2010). I argue that, with regard to protecting babies in domestic violence, women may be protecting by avoiding conflict, by working proactively in response to the baby's need for composure, by attempting to create calm and by placating the abuser. The expectations of many abusive partners are unrealistic and unattainable but attempts to fulfil such expectations were made by most women in my study with their baby's need for protection in mind.

## Protection as a basis for primary relationships

**Kay:** *I did my best to protect her, I absolutely did my best.*

As is shown in the previous section, it cannot be presumed that women neglect the emotional needs of their babies because of adverse circumstances. The relationship between women and their babies does not stand apart from the context of women's lived experiences. However, several women in my study described how they felt that they formed a closer relationship to their babies because of their predicament. These women perceived that their protectiveness was the basis of the close relationship with their babies. As illustrated in Chapter 6 of this thesis, many women in my study attended to their babies needs and, when possible, found creative ways to make space in which they held their babies securely in a relationship. In one focus group women discussed how the relationship with their baby contrasted with the unpredictability within their partnership relationships. From my study, it seems that despite sustained hostility it is still possible for women to perceive the baby's need for consistency. However, some women are aware of the negative effects of trying to fill their protective role for the baby and guilt, sorrow and hope that their babies will not remember the hard times prevail to the present day. In these instances some women see themselves as having 'failed' and they take responsibility for effects of the abusive partners' actions that they could not control.

## Protecting for survival

**Stephanie:** *You've always got to be on red alert.*

Space to form an attachment relationship as defined by dominant paradigms may have to take a secondary position in domestic violence because protection is paramount. In domestic violence there is the possibility that if the mother does not protect the baby does not survive to participate in the formation of a primal relationship. In such circumstances protection cannot wait until there is space for an attachment relationship to be formed. My study shows that, when protective feelings surface in response to antagonism from the partner, women's focus shifts from concern with self to preoccupation with keeping the baby safe. It has been noted

elsewhere that, in general, the protection of children by women as mothers is overlooked (Douglas & Walsh, 2010) but “Once a child is born women’s ‘feeling life’ rearranges itself to protect him” (Smith, 2003, p. 13). In this way the first priority of motherhood is to protect, to look to shielding the baby with a need to keep the baby alive and thriving. Yet there is a supposition that it is the formation of an attachment relationship which leads to the evolution of protection. I contest this following the testimony from many women in my study. I posit that protection is separate from attachment and constructive relationships between women and their babies based in protection transpire in ways not ascertained through studies based in observation or survey.

In support of this perspective I construe that protection is a projection of women’s subjective knowledge which has been built on internalised emotional care-giving in relationship. Women contribute from their knowledge of the importance of relationship needs far from the gaze of theorists. By approaching my research from a feminist standpoint which bases knowledge in lived experiences I uncovered this different knowledge that incorporates the subjective and includes the emotional experiences. This means that women in my study could make known that, with protection in mind, they hold their babies close when it is safe to do so and at other times they keep babies safe out of harm’s way.

It stands to reason that, at times of physical and psychological danger women, aware of their babies’ need for physical and psychological safety, shield their babies away from danger. Based in ethological observations, attachment theorists note that primates hold their young close in times of danger (Bowlby, 1988; Crittenden, 1999). From an attachment perspective it is therefore presumed that women will protect by keeping their babies close. Yet, in the animal world females of many species are seen to hide their young to protect them from predators. They are not engaging with their young, enjoying the close connectedness of attachment promoting behaviours while the baby may be potentially exposed to harm. It is evident from my research that women also protect their babies in different ways depending on circumstances. When they can women keep babies close and when deemed necessary they keep their babies away from danger.

## Protective decisions

**Selma:** *They said to me, even you know, if your son didn't see the violence, when you carry it in your stomach and when you have him, and you're crying and upset, they can feel you in your milk as well, the baby feel the mother's happiness if you're not happy and that worried me.*

From a perspective which dictates that to create secure attachment women need to react directly in response to the babies' cues by offering comfort, women in domestic violence situations can be seen as responsible for babies' insecurity if they place their babies out of harm's way. By putting babies in a physically safe place, women can be perceived as neglecting the baby's emotional needs through unresponsiveness and insensitivity (Brisch, 2002). Paradoxically, women can also be seen as responsible for insecurity if they keep their babies close, thus transmitting feelings of fearfulness through fearful facial expressions (Liotti, 2005) or frightened behaviour (Lyons-Ruth & Spielman, 2004). Yet, from my study, I would argue that when women make decisions about keeping babies close or keeping them out of harm's way their actions are congruent with babies' physical and emotional needs. In some domestic violence situations to prioritise contact with the baby may spell danger for both. Current theory does not take account of such complexities involved in securing babies' safety when domestic violence is an issue and fails to comprehend many of the ways in which women attend to their babies' emotional and relational needs.

## Perceptions of protection

**Sarah:** *He'd come storming out of his room and it's like "stop him crying" so that's when it's like "you take it or I'll hit him (the baby)". So there were a lot of times I had to take it.*

Within a theory which shines the searchlight on women's and babies' behaviour in clinical situations with little regard for lived experiences, many efforts of women as mothers to address physical and psychological safety for babies are missed. It is the woman as mother who is held responsible by attachment theorists and the baby is perceived as the casualty when the 'dyad' is deemed to be insecurely attached. There is little thought to a context where women's actions to protect may be in accord with what is essential for the baby's safety. This exacerbates the sense of responsibility already felt by women in domestic violence and may undermine women's sense of

efficacy. With regard to the relationship with her baby this can lead to disempowerment. In my study women identified feelings and thoughts that present as compelling evidence of how protection of the baby was kept in mind. Whatever the attachment status, and some of the women who participated in my research acknowledged ongoing problems in their relationship with their children, protectiveness guided the women's concerns.

In addition, the view that women are unconcerned for their babies' safety encourages public and professional perceptions of women in domestic violence as inadequate mothers who fail to protect and who may be indifferent to their babies' wellbeing. Attachment theory endorses perceptions that women are unlikely to form close relationships with their babies when there is domestic violence. However, as evidenced in my study, close, symbiotic relationships between women and their babies may be built on protectiveness. Indeed, from several scenarios presented for scrutiny within my study both women and their babies reach for protection, mothers to protect and babies to be protected. Incidents of mutual mentalising despite threatening situations are apparent and several of the women delight in the close, loving and problem free relationship that they now attest to have with their children. Other women perceive problems in the relationship with their children but, as is identified in this thesis, lack of space and forced separation are just two of the issues which may contribute to difficulties.

### **Removed from protection**

**Sally:** *He (partner) said 'if you go to the police you'll never see the baby again'.*

If the relationship between a woman and her baby is disrupted it may be because, as noted earlier in this chapter, there are times when women are not there to protect. In situations where babies are forcibly removed the attachment system may be adversely affected. Such separation disrupts the woman's ability to protect and takes the baby from his/her protector and any possibility of relational space. No cues can be read, protection afforded, or comfort given when extended periods of physical distance between woman and baby are imposed. In situations such as that described in the above quote, just as women do not know if their baby is safe, babies have no



knowledge of the safety of their mothers. An unknown number of babies thus experience being alone and perhaps frightened, in absence from their protector.

## **Protection first**

**Kate:** *It's the baby that gives you strength to go, and that. While you were there by yourself ... it was easier to believe that it was your fault, but then, when you've got that baby it's not their fault for anything.*

According to women in my study the wish to protect supersedes the formation of a relationship between woman and baby. Yet, according to current theory the purpose of attachment relationship formation between women and their babies is to provide physical and psychological protection for defenceless infants (Bowlby, 1988; Crittenden, 1999; Eltringham & Aldridge, 2002). In this way, through forming a close relationship with their babies, it is believed that women are motivated to ensure the baby is protected and as a result of their mother's responsiveness, babies feel secure in the knowledge of their mothers' protection.

According to Goldberg et al. (1999b), Bowlby was describing a behaviour system designed to protect the young. However, given Bowlby's background in psychoanalysis and his reference to the internal or subconscious impulses, attachment theory is much deeper than the term 'behaviour system' implies. In addition, the developments in attachment theory and research since Bowlby's era have expanded to consider mentalising and understanding intentionality as well as subconscious desires. Holmes asserts that "Bowlby's 'internal working models' are too masculine and mechanical to capture adequately the world of affective experience" (Holmes, 2000, p. 31). Following Holmes, I claim that because affective experiences of women and babies in domestic violence have been ignored there is a deficit in knowledge which leads to erroneous suppositions. This has occurred because, as described in Chapter 1 of this thesis, assessment tools used within the attachment field are designed to assess attachment for research and therapeutic purposes by focusing on brief, observable interactions between women and their babies in isolation. Alternatively surveys, favoured in scientific research are employed. The application of these methods does not capture the affective and cognitive experiences of women and babies which relate to protectiveness. The

thoughts, feelings and motivation behind women's behaviours remain unknown. Emotional experience remains invisible as does the knowledge and the cognitive processes of the woman as mother. Consequently, in domestic violence women's and babies' perceptions of and responses to the threat of harm are excluded from inquiry. Emotions such as those which lead to protection are unobserved and unconsidered. Women's diverse uses of agency to protect their babies, plus babies' appeals for and reactions to protective actions in their behalf, are unseen by attachment theorists and researchers.

As defined in Chapter 1 of this thesis, existing theory utilises the concept of mentalising as conveying understanding of the baby's cues and reciprocating appropriately so that the baby knows that their feelings are understood and validated. In domestic violence it has been alleged that women are too preoccupied or overwhelmed by the abuse to note and respond to the baby's emotional needs (Huth-Bocks et al., 2004; Lieberman & Van Horn, 2005). If a more inclusive appreciation of babies' perceptions is taken, babies may be seen to offer cues and read a range of emotions, thoughts and actions based in protectiveness. Currently, babies' awareness of protective actions on their behalf is not identified by the attachment field. Yet, babies' perceptions of the environment and their mothers' interactions with others on their behalf are salient.

From my study, which explores further than the observable, there is evidence that in times of emotional need babies seek protection, women provide protection and, consequently, protection is the basis for their relationship. A protective perspective involves considering that there is recognition by both woman and baby of the adverse circumstances in which they live. This implies that babies are aware of threat and aware of their mother's efforts to allay the threat. It would seem obvious that babies seek protection because they perceive threat. Therefore babies can see further than the interactions between their mother and themselves. If babies can observe and understand their mother's interactions with themselves it is plausible that they observe and understand their mother's interactions with others. It may be that babies learn when it is not safe to explore or approach to be comforted (Brisch, 2002; Hoffman, 2006; Marvin et al., 2002) because of danger but, simultaneously, they

learn to signal for protection and to know that their mother will intercede. From my study I ascertain that babies may understand the need for protection and they may perceive their mothers intentions and actions to protect by interjecting with others on their behalf.

## Space to relate

**Kate:** *I didn't even realise that I had been ripped off until I did my interview with Fiona and really thought about my relationship with my youngest and I don't have a memory of playing with him and I don't have a memory of anything but protecting him, holding him and trying to shelter him from all that other stuff.*

With regard to subjectivity the component to knowledge concerned with space to build relationships, which was raised in Chapter 6 of this thesis, deserves discussion. This component concerns the assertions of several women in my study that, in domestic violence, relational space with their babies was compromised. In particular many women were aware that trying to placate by managing their partner's demands and behaviours led to their own physical and emotional exhaustion and as a result, the time and energy for pleasurable activities with their babies was curtailed. While listening to women during interviews and focus groups, I noted a marked contrast between their perceptions of hard physical, cognitive and emotional work of protecting and the enjoyable activity of spending relaxed time getting to know their babies. Although many abusive partners demanded that their own needs were prioritised women contrived to find continuity and tranquillity for the baby and to avail themselves of space to spend time with the baby. The women recognised the need for calm and space to be with their babies. In domestic violence, when possible, they acted in ways that they hoped would procure availability of both.

From this research I found that, concomitant with women's knowledge of the need for a protective stance, grief, sadness and anger are felt for lost opportunities to spend time at peace with their babies. Protection and space compete for time when women are forming relationships with their babies in domestic violence because of the many ways in which the need to protect consumes time and constricts space.

I refer to space because, according to the women who participated in my study, although time is allocated to the tasks of physical care, it is physical space and quiet time to be alone with baby that is often restricted in the context of domestic violence. This space can be described as the primal communicative space based in caring (Pajnik, 2006). It is a space where women and their babies interact emotionally, vocally and physically as they learn to know each other. Therefore, this communicative space is a relational space where the purpose is to be in intimate contact.

For many women in society time to spend gazing, holding and wondering with their baby is juggled with other life tasks. Mastering new baby care requirements and sharing time with partners, family and friends as well as fulfilling work commitments, compete for time relaxing with the baby. For women in domestic violence the balancing act may be singularly difficult. Women in my study identify that the time for such pleasant activity is limited by the need to give precedence to their babies' protection. Even when the partner is not present there is a need to ensure that in his absence all tasks are carried out to meet with his exacting requirements. Further, the limitations on space are often exacerbated by isolation as contact with family and friends, who represent support and help, is denied. Often the effects of being unsupported and undermined were exacerbated by enforced isolation. As is surmised elsewhere, there is a "crucial need for caregiver support in families who experience violence" (Appleyard & Osofsky, 2003, p. 111) yet support from others threatens the abusive partners' power over the woman and is often denied or sabotaged.

In this way assistance from others and the endorsement of mutual appreciation between woman and baby which is denied by partners is rendered unavailable. Several women in my study perceived the existence in which space to be with the baby was unavailable as a loss, for themselves and for their baby. The space to be with the baby in pleasurable, relaxed inactivity was seen as a privilege that was curtailed.

As described in Chapter 6, some of the women did their utmost to subversively create space to be with babies. At times this was achieved during breastfeeding or co-sleeping, while other women forewent activities such as education or rest to gain space with their babies. These women perceived space with the baby as so imperative that they contrived to find time and privacy to attain the luxury of such rewarding use of time. When remembering relational space with their babies these women expressed feelings of worth and self-efficacy as they relived happy memories which contrasted with the emotionally exhausting times spent thinking and acting protectively.

### **Co-sleeping**

**Kate:** *I don't have memories of Harry as a baby apart from sleeping on the couch and holding him close.*

In particular all women who were allowed used co-sleeping to create closeness. This is of interest given that sleeping arrangements for babies is a contested issue. There is evidence that most babies in non-westernised cultures sleep with their mothers where this is acknowledged as a cultural norm which prioritises close family and community ties (Small, 1998). Co-sleeping is not generally encouraged in westernised cultures but the women in my study recognised the need to compensate for lack of opportunities to create closeness in the day by reaching for close contact with their babies at night. The women spoke with such warmth about these times that these were clearly special, significant memories of when they used their agency to relate to their babies. Far from being disinterested in the babies or immobilised by domestic violence, as suggested in some research studies identified in Chapter 2 of this thesis (Buchbinder & Eisikovits, 2004; Jaffe & Crooks, 2005; Levendosky et al., 2003), the women actively sought space to relate to their babies.

### **Grief for lack of relational space**

**Angela:** *I loved him (the baby)-I love him to pieces, I just wish it was different.*

Women in my study who did not feel that they found adequate relational space whilst with the abusive partner perceived this as a missed opportunity. The grief of some women who, only with hindsight, realised that they were too busy protecting to find

time for peaceful space with their babies was palpable. Further, in the instances where babies were forcibly separated from their mothers, relational space was totally unavailable during that time. For those women who had been separated from their babies there was a sense that there was a negative impact on the relationship with their babies and that their relationship had been irrevocably altered by the experience.

Such matters are not considered by theory which categorises relationships in isolation from lived experience. Instead assumptions are made about women's mental health and their attitudes towards the baby. This occurs when it is surmised that women in domestic violence are too depressed or too disengaged to spend time with their baby. From my study there is evidence that, contrary to this position which perceives that time to spend forming a relationship with the baby was seen as an unwelcome task, most women identified such time as a pleasure which was constricted because of the need to prioritise protection. I suggest that rather than a lack of motivation to spend time with their baby it may be the lack of peaceful space in which to relate that can compromise women's efforts to build attachment relationships with their babies. Only in focused discussion among women who have mothered babies in domestic violence is the knowledge revealed that women are aware of how their time to communicate with their babies in a peaceful, close, symbiotic space is compromised. This issue is not a subject of scientific enquiry and hence is not addressed in policies and practices which focus solely on a narrow definition of relationships between women and babies in domestic violence. In the next section I further explore the issues of protection and space in the light of new perspectives uncovered by my research.

## **Received knowledge that can do harm**

**Sarah:** *You're afraid that they're going to turn out like their dad.*

Through the voices of several women who participated in my study it is evident that received knowledge can increase concerns for women who have mothered in domestic violence. Because of popularised assertions of intergenerational transmission of violence, some women in my study worried that, despite their effort

to create a secure relationship with their babies, their male children will grow up to perpetuate violence in their relationships. I noted that it was particularly the women with male children who were concerned. In focus groups where this was discussed those with female children remained silent. However, I did not explore this at the time.

Not only can a perception of the inevitability of intergenerational abuse undermine women's sense of efficacy regarding their influence on their children but it may inhibit the continuing development of the relationship between women and their children. It seems contrary to envisage women's inability to build relationships as responsible for negative outcomes for their children while simultaneously espousing that these same children will grow to perpetrate violence regardless of how their mothers relate to them. I question both hypotheses in the light of evidence from my study where it is demonstrated that in domestic violence many women protect their babies despite a myriad of obstacles, and some women manage to find relational space to be with their babies. Further, from my research women reflected on how they attained the space to focus on building the relationship with their children once they have left the abuser, indicating that women continue to have their children's relational needs in mind.

### **Continuing preoccupation with protection**

*Hilda: I just love him even more, I just try, so protective of him—I don't know if that's a problem too.*

However, some women spoke of how the pervasive need to protect continued to supersede their ability to spend pleasurable time with their children. These women saw the ability to relax with their children as a skill they needed support to learn. In raising this issue the women demonstrated that they had their children's wellbeing in mind and they perceived it as their responsibility to optimise the opportunities for their children by accessing appropriate professional supports. In one instance a woman did seem to have concluded that her child was irreparably damaged. In this situation the child had extensive ongoing contact with a father and his family. This father was supported by his family in continuing to undermine the mother-child relationship in accord with the concept of maternal alienation (Morris, 2008a).

The above discussion demonstrates that the parameters and understandings of attachment theory fall short of addressing many salient points which become evident when knowledge based in lived experiences exemplify the formation of mother–baby relationships in domestic violence. This leads me to hypothesising how knowledge created in this thesis can be used to inform discussion, policy and practices. In the next section, I consider how insights from women’s voices which inform this thesis can be utilised to serve other women and children who form their relationships in domestic violence. Since completing the data collection and analysis for this thesis the knowledge I have gained informs my own social work practice. I enhance my subjective knowledge from received knowledge gained through the research process and the women who participated. The following is based in the procedural knowledge that I have attained through both.

### **Objective 3: Gaining insight into practice implications**

#### **Acknowledging context, recognising protectiveness and making space available for primary relationships**

*Chantelle: It's all about the context, and it's about the support, it's about when all other things get in the way of you actually bonding with your baby so it's all relevant, yeah.*

Following the analysis and discussion presented in this thesis I argue that in domestic violence, protectiveness supersedes the attachment process and further, that women’s responses which frequently prioritise protection of their babies, are appropriate to the circumstances. In domestic violence, because abusive partners dictate the context for the formation of relationships between women and their babies, women are compelled to focus on protection of their babies. There is some evidence that relationships based in protection are meaningful for both women and babies and understood by both. However, in domestic violence, peaceful space for women and their babies to relate to each other is constricted and sometimes denied. Recognition of these issues provides new knowledge that can inform directions for policy and practices which address the needs of women and children who are subjected to domestic violence. Practice implications include the possibility of working from a strengths perspective to acknowledge women’s agency and encourage the efficacy of



the relationships between themselves and their children. In this way both women and children can be encouraged to recognise and build on constructive thoughts, feelings and intent. How this research can inform practice with women and children who are in or have left domestic violence is described in the following sections. These considerations for practice are formulated in light of the perceptions of the women, who participated in this study.

## **Expanding concepts for practice**

**Angela:** *If you're having problems attaching, perhaps that would be the gateway to say: 'is there something else going on that you may like to talk about, is it stress, are you unhappy?' because I think it would've helped me deal with it a bit more and make me feel like I wasn't going nuts at the time.*

Subsequent to my research I suggest that when domestic violence is an issue, rather than focus on deficits, policy makers and practitioners need to consider the need to validate, optimise and strengthen existing relationships between women and their babies.

When applied to communication with women who have formed relationships with their babies in domestic violence relational empowerment principles (Surrey, 1991; VanderPlaat, 1998), that underlie the methodology in this thesis can be employed to validate and enhance primary relationships. With this in mind I suggest that policy makers and practitioners recognise the potential of:

1. promoting relational empowerment in practice
2. recognising the constellation of abuse in domestic violence which creates an environment of sustained hostility
3. understanding that in domestic violence women and their babies may have been subjected to enforced separation
4. perceiving that protection may be the primary basis of relationships between women and their babies in domestic violence

5. exploring women's emotional awareness and responses to forming relationships with babies in domestic violence
6. perceiving that many women use their agency in a variety of ways to protect and to find space to relate to their babies.
7. acknowledging diversity related to issues of ethnicity, culture, socioeconomic status and education.

## **1. Promoting relational empowerment in practice**

**Angela:** *And everyone thinks you're fine, so you think you're fine, but you don't know what your subconscious, or what that message is that you're sending out, and I think I've found that is very important now, for me to deal with that, and I feel normal with who I've met and who I've been able to talk to (through participation in the research), and I thank every one of you for making me feel that I'm not the only one, you know, that—yeah ... (crying)*

From this study, it was reinforced for me that when working with women as mothers, establishing a context for empowering relationships between worker and women can promote deeper understanding of the ways in which relationships between women and their babies form in domestic violence. Such understandings can enhance women's sense of worth and belief in their abilities to relate to their babies. Empowering relationships require communicative space based in caring to attend to narratives about the conditions which surround relationships between women and their babies. Giving attention to narratives containing women's experiences is part of the relationship building that allows trust to emerge so that emotional experiences can surface. For many women space to speak with emotional authenticity and to recount their narratives presents a unique opportunity to debrief and share the complexity of feelings experienced when building primary relationships in domestic violence.

## **2. Recognising the constellation of abuse in domestic violence which creates an environment of sustained hostility**

**Kay:** *I've probably seen four or five different counsellors, all women, and they all understand the mechanism behind it all, and I've actually found that a good thing that you don't have to sit and explain, and I guess*

*that it's almost like it's a proven science, that you can come along with your case and it's understood, and it's just about being able to talk with them and it's not judging you.*

Sharing subjective experiences and being acknowledged in a communicative place built on caring may uncover distressing feelings, and also present opportunities for catharsis and the validation of women's strengths. There is a need for women to be heard in their own right, not just as mothers but as the authority on their own experiences. Relationships with babies do not stand apart from either women's, or babies' lived experience, but are woven in and often infused with strong emotions. Because of this there is a need to hold woman, baby and the relationship between them in mind so that all three are witnessed and validated.

Enquiring about lived experience of both woman and baby can affirm and endorse women's subjective knowledge. Further, feminist knowledge of the parameters of domestic violence as a framework for enquiry about the lived experience adds received knowledge which is congruent with subjective knowledge and can be utilised in the process of augmenting procedural knowledge (Jordan et al., 1991a). Received knowledge that includes information about the constellation of abuse which defines domestic violence is important or the context of sustained hostility may be overlooked. If the woman's experiences of diverse aspects of domestic violence are undefined the impact of these on the relationship between woman and baby is obscured. In contrast, knowledge of context and the need for space can guide enquiry and uncover previously unaddressed aspects of abuse which impact on the formation of relationships between woman and baby.

### **3. Understanding that in domestic violence women and their babies may have been subjected to enforced separation**

**Sally:** *When Zac was just over six months old my partner took Zac away from me ... I never got over that and I never will.*

Recollections of any forced separation are likely to emerge when the woman's experience of a constellation of abuse is fully explored in a relational space. Within the safety of a trusting relationship it is feasible to open a discussion about whether instances of forced separation from the baby occurred. In a relationship with women

where it is safe to express emotion it is possible to revisit times when they were separated from their babies. The full impact repercussions of separation for woman and baby can then be explored. Alternatively emotions about fears of forced separation can be aired and addressed.

#### **4. Perceiving that protection may be the primary basis of relationships between women and their babies in domestic violence**

**Kate:** *I think, as mums, and I certainly get that from everyone in this room, that our children are the reason that we don't stay. So, to not validate and support and explore how you are, and that relationship that you have with your children is missing a big part of what DV is all about, I think.*

Conceptualising relationships between women and babies within the parameters of protectiveness uncovers feelings, thoughts and actions to protect that are unique to individual women's experiences. In this way, through recognising and validating women's wishes to protect women can build on their abilities to care and nurture. Deeper insight and further mutual understanding are accessed and in exploring barriers to protection there are opportunities to consider those barriers than may previously have been unidentified.

#### **5. Exploring women's emotional awareness and responses to forming relationships with babies in domestic violence**

**Kate:** *Out of all of it though, we're all sitting here and we all have relationships with our children and we all have protected them and will continue to do it and they're gorgeous and we love them all to pieces and we're doing a good job with them.*

From my study it seems that when women call to mind their protective feelings, thoughts and actions they gain the confidence to perceive themselves as agents with the wellbeing of their babies in mind. Establishing opportunities for women to focus on protectiveness may reinforce and endorse positive feelings that they have about the relationships with their babies. Opportunities to reach for evidence of the baby's understanding and to explore instances of mentalising can be created, leading women to appreciate their role in creating a symbiotic relationship with their babies.

## **6. Recognising that domestic violence often constricts the space for women and babies to relate together peaceably**

*Elizabeth: I think what would help me best is give me some space and sit in the room on the floor with me and my baby and give us time and permission to play, really, really important.*

Enquiry about peaceful space alone with the baby can reveal that space was constricted by domestic violence. If relational space has been established despite sustained hostility there is an opportunity to recount pleasant recollections while acknowledging the agency that women avail to create such space. If space is identified as unavailable, discussion of the impact of this and possible solutions can be addressed. Supporting women and babies/children to find and effectively use relational space can lead to optimising relational time for both.

## **7. Acknowledging diversity related to issues of ethnicity, culture, socioeconomic status and education**

*Kate: to not validate and support and explore who you are...is missing a big part of what DV is all about, I think*

It is important to be mindful of individual experiences in the context of ethnicity, culture socio-economic status and education. Giving attention to the differing parameters of women's lived experiences recognises the variables that impact on the formation of relationships between women and their babies in domestic violence. To strive for understanding about how such differences impact on the relationship between woman and baby is to better uncover thoughts, feelings and actions of individual women. In doing so, each woman's strengths can be validated within knowledge of the wider context. The development of a relationship built on protection and unique difficulties in finding space to relate are then purposely identified and articulated. By enquiring about expectations in women's communities understanding of the barriers and hazards to using agency and women's different efforts to protect and find relational space with their babies in the context of sustained hostility can be acknowledged.

## Purposeful relationships

**Kate:** *It's important to make sure that we're safe and that the children are safe as well, you know, and there's all these different things that you can do in order to keep yourself safe. But you know, are there playgroups where you can go, or is there a space in an agency somewhere with a room full of toys and books that you can book for an hour, just to go and sit and play with your child, and be given the space and permission? There's a lot of work done on the women, and you know, you need to do that, we need to understand ourselves, and we need to work through what we're going through, so that we can have positive relationships with our children, but they need to work together, not separately.*

Based in subjective and congruent received knowledge, procedural knowledge about self, relationships with children and societal oppression is created in the spaces between workers and women. Such procedural knowledge can then be incorporated by women over space and time to enhance their relationships with their children, in present and future. By learning from the lived experiences of women insights that provide understanding of the needs of women and babies can be uncovered. Through looking with, not at women, a deeper understanding which can be used to promote empowerment can evolve.

As noted previously the preceding considerations which have direct service with women in mind were formed from my own reflections of this thesis. However, my considerations which are based on analysis and the discussion of women's contributions are relevant to much wider application in policy and a broad range of services. It is my hope that they can contribute to a dynamic accumulation of knowledge which can impact on the lives of women and their babies now and for as long as domestic violence remains as an anathema in societies around the world.

## Conclusion

The following quote is from the conclusion of focus group 2 which was a highly emotive session when the women had shed many tears together and had found clarity while working on their clay representations, listening and viewing each other's work. This quote is included at this juncture because, within its normality, it illustrates the women moving forwards and continuing to value the communicative space based in their new relationships with each other:

**Me:** *So, what are you all going to do now, because that's important?*

**Kate:** *I'm going for coffee.*

**Sarah:** *coffee*

**Angela:** *(to Lily) Do you want to come for a quick coffee?*

**Lily:** *Yes I could.*

**Kay:** *(to Coongah) Yeah, come for a coffee.*

**Coongah:** *OK*

*[All talking at once—relevant discussion finished, talking now about where to go for coffee]*

I began this chapter by focusing on how analysis of the data gathered in this study identifies that the context of lived experiences of women and their babies in domestic violence is created in sustained hostility. In this context, women's protective feelings, thoughts, plus many of their actions to protect are under recognised by current methods of enquiry. Further, I illustrated how in various situations which induce fear, protection takes priority. I also identify that in domestic violence there is a lack of space available to form a relationship between woman and baby. These factors, which delineate the formation of mother–baby relationships in domestic violence, are previously undetected. This knowledge is made available when lived experiences allow insight and understanding. I utilise this knowledge combined with aspects of the methodology that I have employed in this thesis to conceptualise considerations for future practice. In the next Chapter I conclude by pointing out limitations of this study, raising further questions and making recommendations for further research.

# Chapter 8

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## **New directions**

To conclude this thesis I emphasise that what I have found through undertaking this work is important. The findings present new understandings and offer new approaches to policy and practice regarding the formation of relationships between women and their babies in domestic violence.

In this chapter I consider the implications of this thesis with regards to theory and to research design which could be applied in further topics of investigation. I then outline the limitations of this study before offering suggestions for further research.

### **Implications for theory**

My thesis has contributed to the body of knowledge about the formation of relationships between women and their babies in domestic violence by identifying that:

1. the constellation of abuse in domestic violence creates an environment of sustained hostility
2. protection is often the primary basis of relationships between women and their babies in domestic violence
3. women and their babies in domestic violence may have been subjected to enforced separation
4. domestic violence often constricts the space for women and babies to relate together peaceably
5. many women use their agency in a variety of ways to protect and to find space to relate to their babies but others may need help to achieve this.



The above are founded in knowledge that offers a different premise for policy and practice. In undertaking this study I follow other feminists (Birns, 1999; Franzblau, 1999; Blewise, 1999; Morris, 2005, 2008b) in having the audacity to question the ‘grand narrative’ of attachment theory which has gained repute and become a major influence on policy and practice across the westernised world over the past decades. I questioned the premises and application of attachment theory because my experience as a social worker in the field led me to believe that women and their babies who are living in domestic violence situations suffer an injustice when attachment theory is applied to them without full knowledge of their subjective experiences. ‘Applied’ is a meaningful term I use here because attachment theory excludes the perspectives of lived experiences by basing knowledge in expert opinion. Knowledge devised by experts is applied to women and babies as patients, clients or the subjects of research. With my feminist beliefs and experience of being part of the anti violence feminist movement which shaped theory, opinion and services regarding domestic violence I undertook this study with a belief that women hold knowledge which is pertinent to understanding the formation of relationships between women and their babies in domestic violence.

It is the nature of feminism to question ‘truths’ laid down by patriarchy and to turn to women’s lives to problematise assumptions which disempower women (Hesse-Biber, 2007). Hence, in this thesis I turned to the lived experiences of women to seek knowledge based in the realities of forming primary relationships with babies in domestic violence.

The knowledge acquired from the experiences of women who participated in my study represents the foundations of an alternative theoretical perspective. The premise of this alternative is that primary relationships can be formed in protection and understood as protective by both women and babies. Further my research indicates that barriers which impede women’s ability to ‘attach’, as defined by current theory, concern contemporary circumstances. Thirdly, women want to find space to be at peace getting to know their babies but are hindered by the constraints of living with the sustained hostility which necessitates a priority for protection.

The implications for practice of this new theoretical perspective have been identified in Chapter 7 of this thesis. However, since completing the data collection and analysis for this thesis a critical discussion has evolved elsewhere regarding the field of child protection. In the next section I make reference to this discussion and its implications, in line with the conclusions of this thesis, for future theory and practice development.

### **Current concerns**

Recently there has been focus on statutory child protection services inability to consider how women protect. Indeed it has been stated that until now women's focus on protection has been absent from literature which has co-opted protection into the realm of the state and service provision (Humphreys, 2010). It is suggested that women's protective thoughts and feelings are assumed and that as such there is blindness to women's protectiveness. Women's protection of their children is only afforded attention when a woman is perceived as failing to protect or is deemed to be overprotective. From this premise it is surmised that "If the system is healing, parents are cast as the enemy/cause" (Douglas & Walsh, 2010, p. 540). In this way as Mandel states "We fail to see how mothers are actively engaged in trying to make their child safer" (Mandel, 2010, p. 531).

In problematising current theory concerning relationship formation between women and their babies in domestic violence I concur with this view. In accord with criticism of the arena of child welfare services there are associations between views held in such systems and current applications of attachment theory which perceives women as "distorted mothers" (Levendosky et al., 2011, p. 3) rather than as competent and concerned agents who respond appropriately to circumstances which pose threat to their children.

Thus my criticism of attachment theory aligns with views which are emerging regarding the field of child protection. Humphreys (2010) calls for assessment of the relationships between women and their children to be seen in the context which is created by the abuser in domestic violence. Her frame of reference is statutory child protection but equally this call could be made of the attachment field which still uses

the strange situation procedure (Ainsworth et al., 1978) to assess without full consideration of current lived experience and which lacks knowledge of the constellation of abuse (Dobash & Dobash, 2004) that creates sustained hostility.

I go further than Humphries to suggest that assessment and practice also needs to enquire about protective thoughts, feelings and actions and the availability of space for woman and baby to spend together. I believe that education of professionals across disciplines needs to include information about sustained hostility, protective thoughts, feelings and actions and the availability of space for woman and baby to spend together. Midwives and doctors in health systems and therapists within the mental health field as well as practitioners of all disciplines within community agencies need to look further than attachment theory. A significant number of women and children affected by domestic violence (WHO, 2005; Heise & Garcia-Moreno, 2002), their lives could be better served if context, protectiveness, enforced separation plus the need for space were embraced in training and practice of cross discipline professionals rather than the deficit model that is currently applied.

This, of course would depend on further research based in the feminist research principles that I adopted to access deep and rich knowledge based in women's emotions. Within a feminist paradigm I designed a unique set of methods which worked reciprocally with women to empower them while gathering data. I believe that with regards to the alternative perspective that this thesis reveals the methods used have merit for wider application.

### **Utilising the methods of this thesis**

I set out to uncover knowledge of the formation of relationships between women and their babies in domestic violence from women's lived experiences, including their emotional experiences. Relational empowerment was the methodology that best supported my multi layered design for data collection. The methods built relationships between myself and participants, firstly in semi-structured interviews then in focus groups which included visual methods of collecting data. The methods culminated in women's abstract representations in clay of their own experiences of forming relationships with their babies in domestic violence. This was an effective

multilayered design which gave access to deep emotional experiences for the research and simultaneously helped women to realise their collective and individual strengths.

Other studies incorporating narrative, visual and tactile methods within a methodology of relational empowerment could help participants to conceptualise emotional experiences with relational issues. Any aspect of parenting or relationship which wished to uncover deep and rich knowledge based in emotions would lend itself to this method of enquiry. Similar methods designed within a methodology of relational empowerment could be employed to investigate emotional knowledge of grief and loss or past trauma. However, with any investigation using visual and tactile work to access emotions, safety needs to be ensured through a methodology that prioritises the building of secure relationships. Ethically when undertaking such work participants need to be respected and enabled to feel empowered (VanderPlaat, 1999). Such research requires careful and thoughtful planning. With a carefully designed formation of methods in place participants can find the experience empowering while the analysis of their input can offer deep insights based in emotional authenticity.

### **Limitations of this study**

In this study I do not look in detail at the childhoods of women who form relationships with babies in domestic violence as my focus is on recent domestic violence through the lived experiences of women. Childhood experiences are dealt with at length by the attachment field and my research offers insight into another, significant domain which is underestimated in a time and place where attachment theory has become privileged in policies and systematic applications to parenting intervention within westernised cultures. In addition, in this study, later relationships between women and their children in domestic violence and the repair of relationships with older children are alluded to, however the reach of these topics puts them beyond the scope of my study.

This study focused on the formation of relationships between women and their babies in domestic violence and I do not wish to infer from my conclusions that

women always feel think and act protectively in this or other situations. However I believe that we have lost sight of women's wish to protect and enquiry is therefore needed to address this lack.

Although the formation of relationships between men as fathers and their babies in domestic violence is an area requiring attention, I focus on women as mothers because women are those most often subjected to domestic violence and are also usually the primary care givers in domestic violence situations. Women, as mothers, are also the focus of most attachment theorists and services that focus on the formation of primary relationships. In focusing on women's experiences I am aware that it is the women's perceptions of men's intentions, thoughts feelings and actions that are recounted in this study.

This therefore leads me to consider possibilities for further research.

### **Possibilities for further research**

Similar research could be undertaken with men as fathers who perpetrate domestic violence to uncover their thoughts, feelings and actions regarding the formation of relationships between their female partners and their babies. Alternatively, a study that considers their own relationship with their babies could yield significant insights. However, engaging men as abusers in qualitative research is notably difficult.

Because I am aware that it is women's voices and their representations of their babies experiences when forming primary relationships I would dearly like to conduct similar research with children who had formed relationships with their mothers in domestic violence. The methodology of relational empowerment would, I believe, lend itself to such study and an ethical adaptation of the methods used would fit well with children's modes of communication because it incorporates group tasks and activities which resonate with play.

This study brings to light an issue that needs further exploration. Contained within the women's experiences some of the most distressing times for women and babies

concerned times when the partner forcibly separated the woman and baby by taking the baby away for extended periods of time as a means of attaining the woman's attention and compliance. This needs further investigation as at present it is unknown how often such separation occurs in domestic violence. The implications of such forced separation on the relationship between women and their babies are equally unknown.

### **Further than domestic violence**

In informal discussions about this study the findings have resonated with different concerns about other situations which are problematic for women as mothers. On hearing of the duality of protectiveness and limited relational space one friend recalled her daughter's fierce protectiveness towards her son who was born with severe health issues. Relational space in these circumstances was curtailed by multiple medical appointments and interventions. Through this harrowing time, although this woman spent most of her time with the baby, there was little peaceful time for the woman and her baby to relax alone together. The study of sick babies and the needs for women and their babies in this situation warrants investigation with my findings in mind.

In another instance my research touched the memories of a woman who experienced post natal depression. This woman's experience was of feeling overwhelming protectiveness towards her baby at a time when she was unable to find close emotional space with her because of depression.

Elsewhere a colleague spoke of the ultimate in protective acts when women from developing countries send their babies with relatives escaping war and famine. This is undertaken with the safety and future of the baby in mind although the woman surrenders the possibility of having any relational space with her child. Can we really see such situations as women lacking the ability to 'attach'?

As can be seen from the above anecdotal insights which are based in the experiences of women, there is potential for differing applications of the theory and practice approaches identified by this thesis. Before concluding I return once more to those

who have endured domestic violence. This final anecdote comes from a student who attended a lecture that I gave to first year students about my study. Following the lecture she sent an email to me which said:

My mother is still suffering domestic violence after over 50 years of marriage. After listening to you today, I now understand why she never gave us any affection and why she didn't really bond with us - she was not allowed to because my father was jealous of us. This severely affected my self-image as I felt I must be unlovable so must be ugly and stupid. ... Thank you again for helping me to understand that my mother was busy trying to protect us and so did not have time or space to show she cared.

This email points to possibilities for the work of this thesis to be used throughout the lifespan with people who have grown up with domestic violence. My hope is that the implications of this student's words encourage further research and inspires changes to practice.

While considering all the above my aspiration for this study is that it will benefit women and their children who form their relationships within domestic violence. By utilising and applying this new knowledge across systems and disciplines I believe that this can be achieved.

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# Appendix 1

## Ethics approval

Flinders University and Southern Adelaide Health Service

### SOCIAL AND BEHAVIOURAL RESEARCH ETHICS COMMITTEE

Room B1, Union Building, Flinders University,  
GPO Box 2100, ADELAIDE SA 5001

Phone: (08) 8201 3116

Email: [human.researchethics@flinders.edu.au](mailto:human.researchethics@flinders.edu.au)

### FINAL APPROVAL NOTICE

Principal Researcher:	Ms Fiona Buchanan		
Address:	School of Nursing and Midwifery		
Project Title:	The effects of domestic violence on mother/baby attachment from perspectives of women who have mothered babies in domestic violence		
Project No.:	4497	Approval Expiry Date:	31 March 2011

The above proposed project has been **approved** on the basis of the information contained in the application, its attachments and the information subsequently provided.

In accordance with the undertaking you provided in your application for ethics approval for the project, please inform the Social and Behavioural Research Ethics Committee, giving reasons, if the research project is discontinued before the expected date of completion.

You are also required to report anything which might warrant review of ethical approval of the protocol. Such matters include:

- serious or unexpected adverse effects on participants;
- proposed changes in the protocol; and
- unforeseen events that might affect continued ethical acceptability of the project.

In order to comply with monitoring requirements of the *National Statement on Ethical Conduct in Human Research (March 2007)* an annual progress and/or final report must be submitted. A copy of the pro forma is available from <http://www.flinders.edu.au/research/info-for-researchers/ethics/committees/social-behavioural.cfm>. Your first report is due on **8 July 2010** or on completion of the project, whichever is the earliest. *Please retain this notice for reference when completing annual progress or final reports.*



Andrea Jacobs  
Acting Secretary  
Social and Behavioural Research Ethics Committee  
14 July 2009

cc: A/Prof Charmaine Power, School of Nursing and Midwifery  
Dr Fiona Verity, School of Social Work

**NB:** *If you are a scholarship holder and you receive funding for your research through the National Health & Medical Research Council please forward a copy of this letter to the Head, Higher Degree Administration and Scholarships Office, for forwarding to the NHMRC.*

## Appendix 2

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### Press release

**Fiona Buchanan BSW (hons1)**  
**PhD Candidate, School of Nursing and Midwifery**  
**Contact: 8201 5135**

- Mother/baby attachment has become increasingly significant in informing policy formation and is now the focus of many therapists, counsellors, health and childcare workers, to name just a few.
- Although much research has investigated mother/baby attachment relationships, few research studies have looked at the effects of domestic violence on mother/baby attachment. Those who have considered mother/baby attachment in domestic violence base their findings on observation and on responses to questionnaires.
- To my knowledge no-one has asked women who have mothered babies in domestic violence to tell their stories of what it was like to form a relationship with their baby in these circumstances.
- My research provides an opportunity for women who have mothered babies in domestic violence to contribute knowledge that will help other women and their babies by giving policy makers and practitioners access to information about their experiences of forming the early relationship with baby when domestic violence is an issue.
- The women will be asked to tell their stories of attaching to their babies while in domestic violence to me, in their homes or at a local community centre if they prefer. They will then be asked to take part in a series of 2 focus groups where, with other women who have been through similar experiences we will use art and craft to help express thoughts and feelings in other ways as well as talking.
- Confidentiality is assured and anyone who wants to terminate their involvement at any stage may do so.



## Appendix 3

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### Letter of introduction

Dear

This letter is to introduce Ms Fiona Buchanan who is a PhD candidate in the Department of Nursing and Midwifery at Flinders University. When you meet she will produce her student card, which carries a photograph, as proof of identity.

Fiona is undertaking research leading to the production of a thesis and other publications on the subject of 'The effects of domestic violence on mother/baby attachment from the perspectives of women who have mothered babies in domestic violence'. As a qualified and experienced professional Fiona has worked extensively with women and children who have survived domestic violence. In the process of this research she will be using her skills of interviewing, group moderation and the use of art and craft with groups.

Fiona would be most grateful if you would volunteer to assist in this project by telling her, in private, about your experiences, then by participating in a series of two focus groups with other women who have mothered babies while living with domestic violence. There will be no more than 8 participants in a focus group. A maximum of 6 hours of your time would be needed, 1 hour maximum to tell your story, a second meeting to discuss the transcript of your story (maximum 1 hour), then 2 hours in each focus group. The focus groups will involve expressing yourself through art and craft as well as talking. For instance, in the first focus group you will be working together with the other participants to make a collage about your experiences. The focus groups will be held at a local community centre which is easily accessed from where you live. Transport costs will be covered and refreshments provided during the focus groups.

Be assured that any information provided by you will be treated in the strictest confidence and none of the participants will be identified in the resulting thesis, reports or other publications. All participants will be asked to respect each other's right to confidentiality. Should you agree to participate you are, of course, entirely free to discontinue your participation at any time or to decline to answer particular questions.

Since Fiona intends to make tape recordings of the interview and focus group sessions, she will seek your consent, on the enclosed form, to use the recording or transcriptions in preparing the thesis and any other publications on condition that your name or identity is not revealed. If the recordings are made available to secretarial assistants for transcription the transcribers will be advised that names and identities are not to be revealed and that confidentiality needs to be respected and maintained. You will be given a copy of the transcription of your interview to read and correct any errors before it is used.

Any enquiries you may have concerning this project should be directed to me at the address above or by telephone on 8201 3270 or by email to: [charmaine.power@flinders.edu.au](mailto:charmaine.power@flinders.edu.au)

Thankyou for your attention and assistance.

Yours Sincerely

Charmaine Power RN, PhD Associate Professor in Nursing

*This research project has been approved by the Flinders University Social and Behavioural Ethics Committee. For more information regarding ethical approval of the project the Secretary of the Committee can be contacted on 8201 3116, by fax on 8201 2035 or by email [human.researchethics@flinders.edu.au](mailto:human.researchethics@flinders.edu.au)*

# Appendix 4

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## Information sheet

**Participant Information Sheet: The effects of domestic violence on the formation of mother/baby relationships from the perspectives of women who have mothered babies in domestic violence**

I am inviting you to participate in a research project as previously discussed on the telephone. Whether you want to be involved is entirely up to you. I will be telephoning you in approximately one weeks time to ask whether you want to participate. If you decide not to be involved you will not be disadvantaged in any way.

### **Description of the project**

The project aims to explore the effects of domestic violence on the attachment relationship between women and their babies from the perspective of women who have experienced early mothering in domestic violence. The purpose is to better understand the forming of mother/baby relationships in domestic violence situations and contribute to knowledge so that other women and babies may benefit. You are invited to participate because you mothered a baby in domestic violence and expressed an interest in assisting with the project.

### **Supervision**

The research project will be monitored by Associate Professor Charmaine Power, The School of Nursing and Midwifery, Flinders University and Associate Professor Fiona Verity, School of Social Work, Flinders University who are supervising my PhD study. The ethics committee of Flinders University has approved this project.

### **Funding and re-imbusement**

Please note that there is no payment for your involvement. This project is unfunded. Public transport costs will be reimbursed and refreshments provided. In addition, should lack of childcare prevent your participation in focus group sessions, help with child-care services may be provided.

### **Summary of processes**

Firstly, following a phone call to make sure that it is still alright for us to meet I will visit you at your home or we can meet in a private room at a local community centre if you prefer. When we meet I will ask you to sign the consent form enclosed then, after I have asked some questions about your circumstances, I will ask you to tell your story of mothering your baby in domestic violence. I will interrupt the telling of

what happened as little as possible but I may ask questions from time to time. The time commitment will be a maximum of 2 hours but you can stop at anytime if you decide that you do not want to continue.

Debriefing after the interview and information about free counselling services will be available. You will also have my Flinders University telephone number and are welcome to phone me if you have any questions or concerns. If I am not available when you phone I will always phone you back as soon as possible.

With your signed agreement I will audio tape our interview. Only I and possibly a professional transcriber who is required to keep confidentiality will have access to the tape. The tape will be transcribed into written word within 2 week of our meeting and then I will destroy the tape. A copy of the transcription of your story will then be sent to you for your approval or to correct any mistakes.

Within one week of your receiving the tape I will arrange to visit you to discuss the tape and make changes if you think the transcript is inaccurate. This short visit should take ½ to 1 hour. If you decide not to continue your participation after this stage that will be alright.

Following our meeting you will be invited to take part in a series of 2 focus groups with other women who have mothered babies in domestic violence and who have told their stories to me. There will be a maximum of 8 women in each group. I will be facilitating the focus groups with the assistance of Thia Elliot who is a community worker. In the groups you will be asked to take part in art and craft activities. The purpose of this is to help with discussion about forming mother/baby relationships while in domestic violence. Each focus group will take 2 hours. There are no right or wrong answers in this project, the aim is to learn from women's different experiences of building relationships with their babies when in domestic violence.

Photos of items made in the group will be taken during the sessions and used in the thesis but no woman will be photographed and no identifying material will be used in the thesis. The sessions will be audio taped and transcribed. The tapes will be erased after transcription.

Following each focus group session there will be a debrief and again the information about counselling services will be available. If you do not want to continue at any time that will be accepted. Anyone who participates is free to phone me following each focus group.

### **Benefits**

The thesis and articles which result from this research may help policy makers and people who work with women and children to better understand what it is like to form relationships between mothers and babies when in domestic violence, and how these relationships can be affected. Through the publication of this information women and children may be better helped to deal with the effects of domestic violence.



### **Risks**

I realise that your participation in this research project may awaken strong emotions about what you and your child/children have been through. Your physical, emotional and psychological safety is most important and care will be taken so that you feel safe, supported and able to access help if needed. You may also leave the project at any time you choose.

Issues of notifiable, current child abuse and neglect will be reported to the Child Abuse Report Line as Nicole and I are mandatory reporters.

### **Confidentiality**

Nicole and I will respect your confidentiality and in the focus groups only first names will be used. The need to respect each others confidentiality will also be stressed.

Your and your child/children's identities will be kept anonymous. You will be asked to choose a different name for yourself and your child/children so that when the research is written up your names will be changed to these. No identifying information will be published. If you are quoted it will be under the alternative name that you have chosen.

All records containing personal information will be confidential and destroyed when the research is completed. The transcripts, which will not identify you or your child/children by name, will be kept in a locked compacter at The School of Nursing and Midwifery, Flinders University for 7 years then destroyed.

### **Outcomes**

A summary of the results of the research will be made available to you, if you want, when the thesis is written. This will be available to you even if you choose to withdraw at any stage.

### **Publication**

The results of this research belong to me and as well as being written into my PhD thesis may be published in journals and presented at conferences at a later date.

### **Contact**

If you have any questions or concerns regarding your participation please feel free to contact me, **Fiona Buchanan, at The School of Nursing and Midwifery, Flinders University on 8201 5135**

# Appendix 5

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## Consent form

I.....being over the age of 18 years, consent to participate as requested in the letter of introduction for the research project on the effects of domestic violence on mother/baby attachment from the perspectives of women who have mothered babies in domestic violence.

1. I have read the information provided.
2. Details of procedures and any risks have been explained to my satisfaction.
3. I agree to audio recording of my information and participation
4. I am aware that I should retain a copy of the Information Sheet and Consent Form for future reference.
5. I understand that:
  - I may not directly benefit from taking part in this research.
  - I am free to withdraw from the project at any time and am free to decline to answer particular questions.
  - I undertake to respect the confidentiality of other participants.
  - While the information gained in this study will be published as explained, I will not be identified, and the individual information will remain confidential.
  - Whether I participate or not, or withdraw after participating, will have no effect on any service that is available to me.
  - I may ask that the recording of interview be stopped at any time.
  - I may withdraw from the interview or focus group session at any time without disadvantage and without being asked to give a reason.
6. I shall be able to debrief at the end of each session and I may phone the researcher if I have any questions or concerns. A list of sources of cost free services will be supplied should I require assistance.

**Participants signature.....Date.....**

I certify that I have explained the study to the volunteer and consider that she understands what is involved and freely consents to participation.

**Researchers name.....**

**Researcher's signature.....Date.....**

- 7. I, the participant whose signature appears below, have read a transcript of my interview and agree to its use by the researcher as explained.

**Participants signature .....****Date.....**

- 8. I, the participant whose signature appears below, agree to the use of photographs of items created in focus groups. I understand that no photographs will be taken of me and that there will be nothing in the photographs which identifies me.

**Participants signature .....****Date.....**

## Appendix 6

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### **Introductory and prompt questions for interview**

**Demographic questions:**

How old were you when your baby .....was born?

Is your baby a boy or a girl?

How old are you now?

Were you working outside the home before ..... (baby's name) was born?

Are you working now?

What level of education have you completed?

What was your housing situation when ..... (baby's name) was born? (I.e. renting, buying, other)

What is your housing situation now?

Was he/she your first baby?

Was he/she born at full term?

What was the delivery of .....(baby) like?

What weight was....when he/she was born?

Was he/she a healthy baby?

How long had you been in the relationship with.....'s father when he/she was born?

**Interview prompt questions:**

Can you tell me what was going on in your life and in your relationship with.....'s father in the first year of ..... 's life?

How did that affect you?

How do you think it affected ..... (baby's name)?

Can you describe what state of mind you were in when ..... (baby's name) was a baby?

How did you feel about..... when he/she was first born?

How did you feel about.....at 6 months?

Can you describe how you felt about him/her at 1 year?

Do you think the domestic violence affected your relationship with your baby, if so in what ways?

How is the relationship with ..... (baby's name) now?



# Appendix 7

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## Contact list

### Free adult counselling—Primary Health Care Services

Inner Southern (Clovelly Park)	8277 2488
Noarlunga Health Village	8384 9266
Southern Vales (Seaford)	8392 4500
Southern Women’s Health Service	8384 9555
Woodcroft Community Health Service	8325 8100

### Youth Services

Marion Youth	8377 1055
Second Story	8326 6053

### Children’s Counselling Services

Child and Adolescent Mental Health Service (Marion)	8298 7744
Child and Adolescent Mental Health Service (Morphett Vale)	8326 1234

### Helplines

Domestic Violence Helpline (24 hours)	1800 800 098
Parent Helpline	1300 364 100
Women’s Healthline	1300 882 880

### Information

Women’s Information Switchboard	8463 3555
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## Appendix 8

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### Focus groups reminder letter

6.11.2009

Dear

Thankyou for agreeing to participate in the focus groups concerned with **'the effects of domestic violence on mother/baby relationships from the perspectives of women who have mothered babies in domestic violence'**

As I mentioned in our last telephone call the groups will be held on **Thursday 26<sup>th</sup> November and Thursday 3<sup>rd</sup> December from 9.30am till 12 noon**. We are meeting at **Southern Women's Health Centre** (now called Southern Primary Health: Southern Women's) on **Alexander Kelly Drive, Noarlunga**. Southern Women's is opposite the Families SA building and between Noarlunga Health Village and Noarlunga Hospital. Their phone number is 8384 9555 if you have any difficulty finding the building.

To claim your petrol costs for coming to the focus groups I will need your mileage so please note your odometer reading before leaving home.

Looking forward to meeting you again on the 26<sup>th</sup> November

Best wishes

Fiona Buchanan  
PhD Candidate

## Appendix 9

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### Focus group debrief

Thankyou all for participating in this research project, your assistance is very much appreciated.

How are you feeling about your participation and what you have been asked to do?

It can feel uncomfortable to leave the issues that have been raised in the research. It is worth thinking about who among your friends or family you can talk to if you need to. Also remember the contact list and please do use any of these services if you feel the need. You are also welcome to telephone me at The School of Nursing and Midwifery, Flinders University on 8201 5135 if anything about the research is concerning you.

As I mentioned before, the audio tapes from all sessions will be transcribed by me then erased. From the interviews, this and the other focus group session I will draw out themes and may use quotes from what you have said. All quotes will be given with a different name and neither you nor your children's names will be used anywhere. The thesis will be written including material from your interviews and the focus groups. Photographs of your work may be published in the thesis and in future articles but you will not be identified. All transcripts will be kept under lock and key at Flinders University for 7 years then destroyed. This is what usually happens with research material.

When the thesis is written I will put together a summary of the findings and any of you who would like a copy are welcome to have one. Just telephone me at the university in April 2011 and I will send one out.

Are there any questions or comments before we go?

Anyone who needs reimbursement for travel costs please stay behind to see me.

Thankyou again, very much, for assisting with this research project.

## Appendix 10

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### Flyer

**Are you a woman living in the central or Southern Region of Adelaide?**

**Have you mothered a baby in a domestic violence situation within the last 8 years?**

**Have you been out of the violent relationship for at least 1 year?**

**Would you like to assist with research into the effects of domestic violence on mother/baby relationships?**

As part of a PhD research project undertaken with the School of Nursing and Midwifery at Flinders University into the effects of domestic violence on mother/baby attachment I am seeking the help of women who are prepared to talk about their experiences of mothering babies in domestic violence. You will be asked to tell your story to me, then to participate in 2 focus groups with other women who had been through similar experiences. Your name and identity will be protected throughout and no identifying information will be published in the thesis produced.

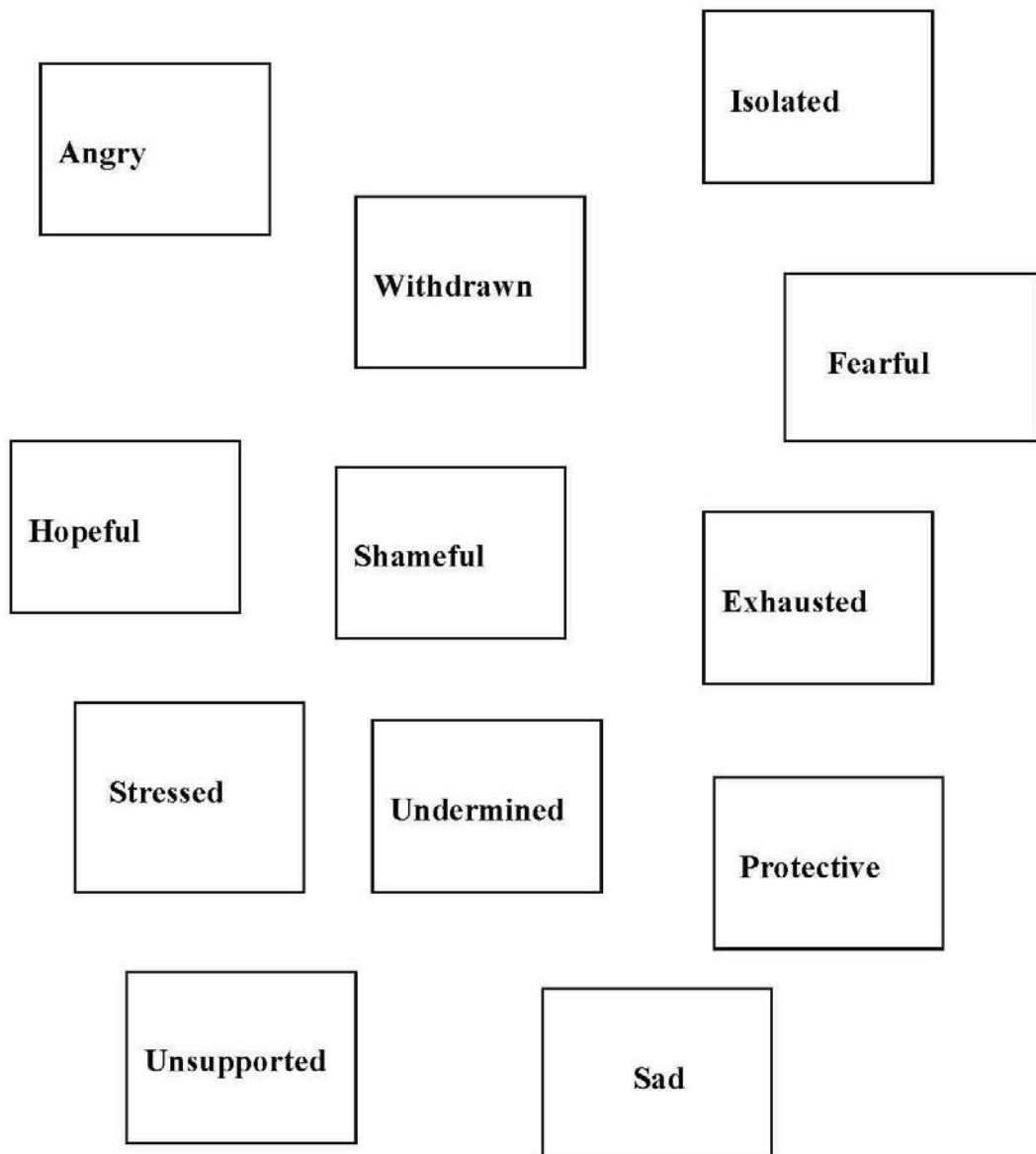
**If you would like to be part of this project please contact Fiona Buchanan at [fiona.buchanan@flinders.com.au](mailto:fiona.buchanan@flinders.com.au) or phone 8201 5135**

# Appendix 11

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## Ranking exercise

Words on cards representing themes from interviews





# Appendix 12

## Demographic data

Woman's name	Age at birth of baby	Woman's ethnicity	Educational level	Employment		Housing		Time with partner pre-birth	First child? gender	Baby's pregnancy	Birth	Baby's weight	Healthy baby?	Planned baby?	Breast fed?	Age of child at separation	Child's age now
				Pre-birth	Now	Pre-birth	Now										
Jane	30	Australian	Year 11	Yes	Yes	Mortgage (partners)	Shared rental	18 months	Yes	Girl	Fine	6lb 8oz	Yes	Yes	Yes	6 months	21 months
Hilda	33	Australian	Vocational training	Yes	Yes	Mortgage (joint)	Housing Trust	6 years	Yes	Boy	Stressful	7lb 5oz	Yes	No	No	3 years	7 years
Elizabeth	31	Australian	Vocational training	Yes	Yes	Mortgage (joint)	Private rental	6 years	Yes	Boy	Stressful Pre-eclampsia	5lb 8oz	Reflux for 5 months	Yes	Yes	2 years 6 months	4 years
Sally	29	Swedish	Undergraduate degree	Yes	Yes	Mortgage (joint)	Private rental	8 years	Yes	Boy	Fine	Painful but Average	Yes	Yes	Yes	2 years	3 years
Tanya	30	English	Year 12	Yes	Yes	Private rental	Private rental	8 years	Second	Boy	Painful Split pelvic ligament	7lb 4oz	Neo-natal for 3 weeks	Yes	Yes	4 months	2 years
Angela	29	Sri-Lankan	Undergraduate degree	Yes	Yes	Mortgage (own)	Mortgage (own)	1 year	Yes	Boy	'I hated it'	Emergency caesarean	Extreme eczema and weight loss	Yes	Yes	Pre-birth	4½ years
Coongah	25	Australian Aboriginal	Year 9	No	Yes	Private rental	Housing Trust	10 years	Fourth	Girl	'Fine'	8lb	Yes	No	No	1 year	3 years
Amber	37	Australian	Undergraduate degree	Yes	Yes	Private rental	Private rental	1 year 9 months	Yes	Boy	Gestational diabetes and complications	5lb 14oz	Heart/breathing difficulties	Yes	Yes	15 months	3 years

Woman's name	Age at birth of baby	Woman's ethnicity	Educational level	Employment		Housing		Time with partner pre-birth	First child?	Baby's gender	Pregnancy	Birth	Baby's weight	Healthy baby?	Planned Breast fed?	Age of child at separation	Child's age now
				Pre-birth	Now	Pre-birth	Now										
Kay	36	Australian	Studying for undergraduate degree	Yes	Yes	Mortgage (own)	Private rental	8 years	Yes	Girl	'Fine'	Emergency caesarean	10lb	Yes	Yes	14 months	8½ years
Lily	38	Maltese	Vocational training	Yes	Yes	Mortgage (joint)	Living with mother	3 years	Yes	Girl	Gestational diabetes, odema, pre-eclampsia	'Awful', Emergency caesarean	7lb 13oz	Yes	Yes	5 months	3 years
Sarah	24	Australian	Year 11	Yes	Studying	Mortgage (joint)	Private rental	3 years	Second	Boy	'Fine'	'Fine'	8lb 5oz	Yes	Yes	2 years	5 years
Kate	33	Australian	Studying for undergraduate degree	Studying	Studying	Mortgage (joint)	Community housing	5 years	Fourth (2 from previous relationship)	Boy	OK	Normal	7lb 13oz	Yes	Yes	9 months	7 years
Athena	32	Australian	Vocational training	Yes	Yes, plus studying	Mortgage (joint)	Mortgage (own)	1 year	Yes	Boy	Stressful	Normal	Average	Yes	Yes	14 months	7 years
Chantelle	31	Australian	Studying for postgraduate degree	No	Studying	Mortgage (joint)	Mortgage (joint)	8 years	Second	Girl	'OK'	'OK'	7lb 7oz	Yes	Yes	2 years	10 years
Stephanie	35	Australian	Vocational training	Yes	No	Army accomm.	Private rental	6 years	Yes	Boy	Fine	Natural	8lbs	Yes	Yes	1 year	5 years
Selma	36	Lebanese	Year 9 equivalent	No	Voluntary work	Mortgage (partner's name)	Housing Trust	8 years	Fourth	Boy	Fine	Fine	Average	Yes	No	2 years	10 years